

EMBER 20, 1971
4785

CHEMIST & DRUGGIST

newsweekly for pharmacy

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Cash-and-carry for chemists

Substitution: is it petty larceny?

ITV looks at aspirin misuse

Public spend more on medicines

Scottish pharmacy conference



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10 NOV 1971

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CHEMIST & DRUGGIST

113th year of publication Vol. 196 No. 4785

The newsweekly for pharmacy

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Contents ©

Member Audit Bureau
of Circulations**A Benn Group Journal**

The profession gave a qualified welcome to Sir Keith Joseph's decision to drop cost-related prescription charges (p 751)

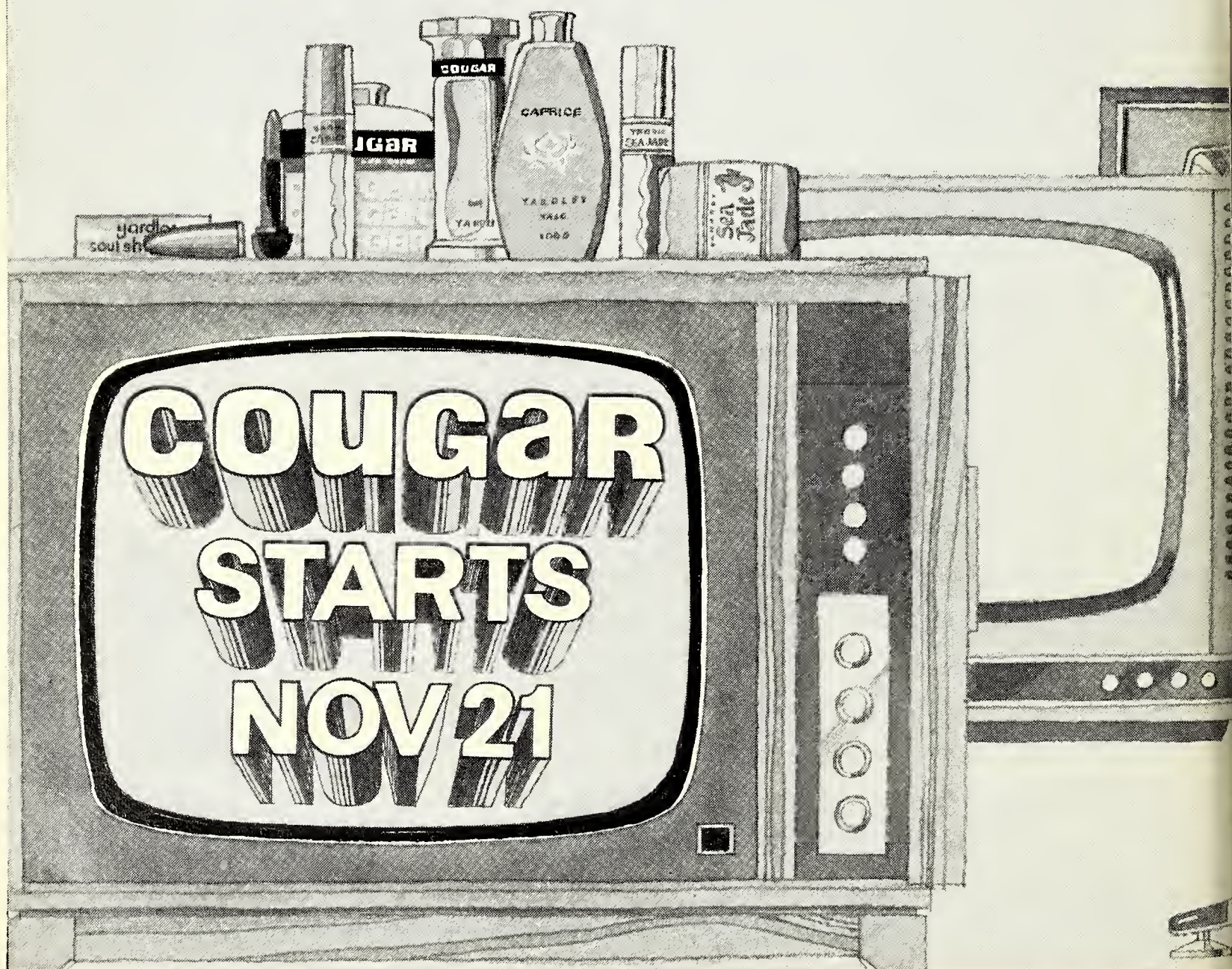
You'll be wild about And you could

Yardley Cougar on TV
starting 21st. November (See first showing between 7.30 & 10.30 p.m.)

Special peak-time spots herald a great Christmas for you with Yardley Cougar.

Men's toiletries are great Christmas sellers and Yardley Cougar is the name that sells.

Watch carefully and then fill in the Yardley competition form. The New Year may bring you a beautiful colour TV set.



Yardley on TV.

win a colour set.

It's great fun to enter, great fun to watch. And it's going to sell a lot of Yardley.

Please read the competition rules carefully:

RULES The competition is open only to official Yardley stockists in the United Kingdom.

Relatives of and employees of the Yardley company and/or Yardley agencies are ineligible.

1 Prizes will be awarded to those competitors who, in the opinion of the judges, have submitted the correct order and composed the most apt ending to the sentence.

2 Only one entry per stockist will be allowed. Entries should be posted to: Television Competition, Yardley of London Ltd., 33 Old Bond Street, London W1X 4AP, by 31st December 1971.

3 No responsibility shall be taken for entries lost, delayed or damaged in the post, and proof of posting will not be accepted as proof of delivery.

4 Winners will be notified by post.

5 All entries become the property of Yardley of London Ltd.

6 Closing date for receipt of entries will be 31st December 1971.

7 Judges will be appointed by Yardley of London Ltd. and their decision is final. No correspondence can be entered into.

8 By entering the competition, competitors shall be deemed to have accepted and agreed to abide by the rules.

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SOUL SHIMMER LIPSTICK

Each of these Yardley commercials features one of the items listed below:

- | | |
|--------------------------|-------------------------|
| a. Waterfall _____ | d. Backless Dress _____ |
| b. Gazebo _____ | e. Restaurant _____ |
| c. 'Tame it's not' _____ | |

Just indicate beside each item which commercial it appears in. When you have done this complete the phrase 'Yardley advertise on television because _____'

Name _____

(not more than 24 words)

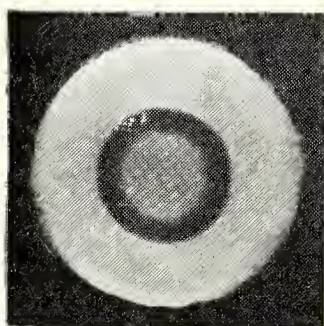
Address _____

CD5

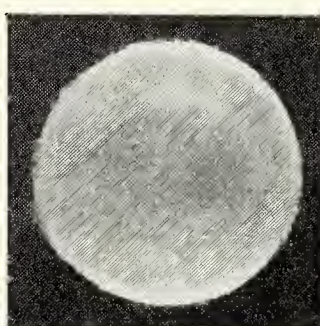


Predictor... The home pregnancy test you can safely recommend.

WELLCOME INSTITUTE LIBRARY	
Coll.	Wellcome
Coll.	
No.	



positive result



negative result

Predictor is the first nationally advertised home pregnancy test you can safely recommend. Forty years of research and development have perfected the well-known immuno-chemical demonstration of HCG in urine to such a degree, that now it can be conducted by the woman herself in the privacy of her own home.

Here is why you can safely recommend Predictor.

Reliability Predictor gives the same 99% accuracy that only the best laboratory tests can guarantee.

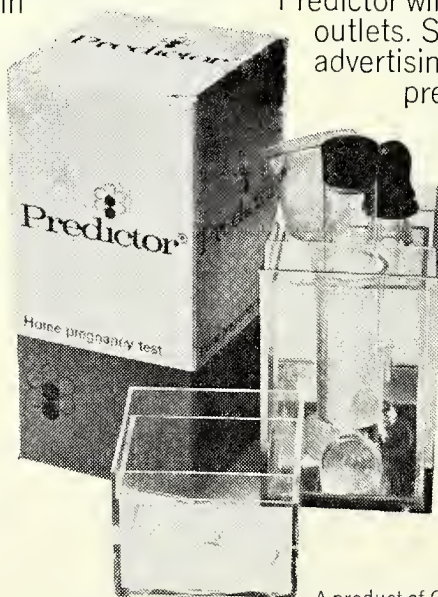
Speed of results Predictor detects HCG pregnancy hormone so sensitively, that the test can be conducted only nine days after a period was expected. And research shows that women consider this a highly important benefit.

Simplicity Predictor is simple. The test can be set up in a few minutes, and the result read two hours later. As is demonstrated in the pictures above, the result is also perfectly simple for any woman to interpret.

Predictor will be sold through chemist outlets. So when the first ever National advertising campaign for a home pregnancy test breaks in December, customers will be asking you for Predictor.

Predictor sells at £1.75 per test. This means 57p. profit for every pack you sell. Contact your normal supplier for details of the special introductory offer.

Predictor . . . the home pregnancy test you can recommend.



A product of Chafaro Proprietaries Ltd.

Cost-related : welcome for the decision

All professions within the Health Service have welcomed the Government decision to drop the graduated prescription charges scheme, announced by Sir Keith Joseph in the Commons this week.

Commenting on the decision, Mr W. M. Darling, president of the Pharmaceutical Society, said that chemists would never abandon their principle that each of the facilities within the National Health Service should be available free at the time when these services were required. "The success of our efforts to stop the introduction of cost-related charges is a great victory on behalf of the sick and needy," he said.

"This may be the affluent age, but in the midst of plenty there is hardship and suffering for many on an ever increasing scale, and this always must be stir the conscience of us all."

The Society would continue to urge the Government to extend free medical treatment to all school children over the age of 15, to all women pensioners between the ages of 60 and 65 and would press for a review to ensure that all those suffering permanently, others, requiring treatment over long periods, were exempt from prescription charges.

"Now that Sir Keith has decided, wisely, not to proceed with cost related charges," said Mr Darling, "he should now go one stage further and reconsider whether he should charge the sick for medicines."

"I hope that he will decide to reduce prescription charges or, ideally, abolish them."

Making the announcement, Sir Keith said: "After very careful consideration of the arguments put to me by the representatives of the medical, dental and pharmaceutical professions, I have come to the conclusion that the proposals for graduated prescription charges put forward to my Department would raise serious practical difficulties; and the Government have accordingly decided not to pursue further the intention announced in the White Paper 'New Policies for Public Spending' to relate prescription charges to a proportion of the cost of the individual prescription, subject to a ceiling."

Now there's a 'Beautyboots' as well

Boots Ltd opened their "first ever" Beautyboots branch at 30 Church Street, Enfield, Middlesex, on Monday.

Advertising in the local press describes it as "a new kind of Boots shop . . . no aspirins, no corn pads, nothing so ordinary as a hot water bottle—just lots and lots of beautiful cosmetics and fragrances by all the famous names above"—14 are listed.

The new branch is the former Timothy Whites pharmacy, closed by the rationalisation which followed the merger of the two companies in 1968. It faces the Boots pharmacy across a side road—and if major redevelopment plans for the area announced last week are put into effect, the two shops could be the corner sites for a big pedestrian precinct, each premises being backed by a "large space user".

The selling area, carpeted throughout, includes eight "consultation" tables standing out from the wall fixtures, each provided with a stool.

Almost exactly a year ago, Boots Ltd opened their first two experimental Babyboots specialist shops.

Success in Lancs drug campaign

About two-and-a-half hundred-weight of unused tablets and capsules were collected during the recent two-week Blackburn and Burnley campaign, organised by the local branches of the Pharmaceutical Society.

Mrs C. E. Harrison, Burnley's branch secretary, and Mr W. C. Holt, Blackburn's press officer did much of the co-ordination.

Posters and pamphlets on the campaign, provided by the Lancashire Public Health Authorities, were widely distributed and there was a good public response.



Rendered harmless—unused drugs from the Blackburn and Burnley areas are fed into the Blackburn Infirmary incinerator by Task Force Detective Constable Gerald Page (left) and Superintendent Norman Howarth (see story this page)

Amphetamines and barbiturates were amongst drugs collected. One pharmacist in Oswaldtwistle was handed tablets weighing over one pound.

Local police from drug squads collected and destroyed the haul.

The value of chemists' advice

Chemists were mentioned among shopkeepers whose advice was very much part of their service when the Duke of Edinburgh opened a Distributive Industry Training Board Seminar on "The Development of People in Distribution" in London on Wednesday.

The Duke believed this advice was very much appreciated by the public.

He suspected that many people dreamt of becoming self-employed, and said that, almost alone, distribution still offered opportunities for those who wanted to "go it alone".

Care should be taken to ensure that they had a reasonable chance to succeed, or at least that they were not in any way penalised.

A report of the seminar will appear in *C&D* next week.

Centre to cater for pharmacists

A public appeal was launched on Wednesday for the remaining £6,000 needed for a postgraduate medical centre being built at Joyce Green Hospital, Dartford.

Collecting boxes were distributed locally, including nearby pharmacies.

The appeal is organised by the North West Kent Postgraduate Medical Association whose president is Mr Norman Berry, FPS, Burroughs Wellcome & Co. regional manager for the UK and Ireland.

It is hoped to add a £15,000 library at a later stage.

Donations may be sent to Canon Griffin, c/o North West Kent Postgraduate Medical Association, Joyce Green Hospital, Dartford.

Chemists' sales up in September

September was a highly successful month for chemists and photographic goods dealers, according to figures released by the Department of Trade and Industry.

The value of weekly sales by this type of outlet was 14 per cent higher than in September 1970.

Most successful were the multiples, with a 17 per cent increase. Independents registered a 13 per cent rise, and the Co-operatives were 3 per cent ahead of 1970.

The September indices were as follows (on the basis, 1966=100):

All chemists etc	135 (+14 per cent)
Independents	128 (+13 per cent)
Multiples	147 (+17 per cent)
Co-operatives	102 (+3 per cent)

The figures do not take account of NHS receipts.

Aspirin on TV: PAGB has the last word

The self-treatment with aspirin and phenacetin preparations was the subject of a World in Action programme on ITV on Monday.

The programme opened with the statement: "This man thought he had an upset stomach, but he had a duodenal ulcer and had been treating himself with Alka Seltzer and occasional aspirin".

The patient was asked how many tablets he had been taking over the last six months and he said it might have averaged 10-12 a week. The programme continued and a voice said that nearly every doctor would say that to treat an ulcer with Alka Seltzer, which contained aspirin, was dangerous.

Professor Alistair MacGregor appeared several times during the programme—being used often as a "link" between the various aspects commented upon. He said the first thing that should be emphasised was that aspirin was a valuable drug, and doctors prescribed over 300 million tablets a year, mostly for rheumatoid arthritis, toothache and to bring down temperatures during the occasional attacks of 'flu. However safe in ordinary use drugs could possibly have harmful side effects.

He hoped the programme would persuade people who were taking the drug regularly without supervision to stop without delay.

Widespread use

It was then mentioned that the programme had sent "a team of researchers" to three different areas in Edinburgh.

They knocked on 240 doors in the Royal Mile area and found that four people were taking aspirin regularly and without medical advice. In another middle class estate "researchers" called on 300 homes and found large numbers taking aspirin every day.

In another area three out of 60 people interviewed took aspirin every day.

Altogether, the researchers had knocked on 400 doors and found 10 people taking large doses of aspirin and over-the-counter analgesics "without good reason."

Reference was then made to the nation-wide survey commissioned by the Proprietary Association of Great Britain in

which it was found that 4½ million people claimed to take an analgesic once a week or more often.

A total of 1,200,000 persons took them every day: two thirds of those, about 800,000 people, took them every day without a prescription. About half a million were taking five powders or tablets every day, half of them did so without a prescription.

A member of the programme team said many people did not realise they were taking aspirin. A survey showed that 78 per cent of those regularly taking Beecham's Powders did not know they contained aspirin. The figure quoted in respect of Aspro takers was 56 per cent, for Anadin 58 per cent and 90 per cent for Alka Seltzer.

Professor MacGregor was then seen saying that when the vast sales of aspirin were considered, it must be a relatively safe drug, but that did not eliminate the possibility that some people must be suffering from the effects of taking aspirins.

In another sequence, a doctor said that of the patients vomiting blood when admitted to hospital, aspirin was the cause in a quarter of the cases.

Advertisements and packs of various products were shown and it was mentioned that for Disprin it was claimed that it was less likely to cause "bleeding". For Alka Seltzer it was suggested that there was no significant level of bleeding at all. However, Dr N. F. Coghill did not approve of aspirin advertisements for "upset stomachs".

There was a reference to the possibility of iron deficiency anaemia due to blood loss through the bowel. A doctor claimed that about 6 per cent of cases of iron deficiency referred to hospitals were associated with aspirin ingestion.

A voice was then heard pointing out that many aspirin preparations contained phenacetin that was thought to cause kidney damage.

A professor stated that it was possible that 500 new patients a year suffered from kidney damage following prolonged



Nearly 100 guests attended the recent Golden Jubilee dinner of the Cardiff and District Branch of the National Pharmaceutical Union, during which a brass mortar reputed to be more than 150 years old was presented to the NPU. Seen here are (left to right): Mr L. Humphreys, branch chairman; Mr J. F. Hunt, branch vice-chairman; Mr J. Wright, director, NPU; and Mr K. R. Rutter, chairman, NPU Executive Committee

use of aspirin and phenacetin.

The programme then turned to paracetamol which was being used instead of aspirin, but if abused regularly it might have almost the same effect as phenacetin.

An expert for the medical panel of the Consumers Association said there was too little information on how to use over-the-counter drugs.

He criticised the labelling of such preparations referring to Lem Sip where paracetamol was described as acetaminophen.

Finally, Mr Stanley Day, chairman, PAGB, said that all manufacturers were concerned about those who might abuse medicines.

All products were fully labelled with the dosage and advice given that doses should not be exceeded without the advice of a doctor.

All television advertisements were approved in advance by an independent committee and he added "we agree with Professor MacGregor that those people who take aspirin occasionally for a headache or cold or 'flu have no cause to worry".

MSc degrees for hospital studies

The first five pharmacists in the United Kingdom to be awarded a Master's degree in hospital pharmacy graduated from Heriot-Watt University, Edinburgh, last Saturday. They are employed in hospitals in

Aberdeen, Carlisle (Lanarkshire), Edinburgh and Glasgow and were given leave of absence on full pay to take the degree by part-time or (in one case) full-time study.

The MSc course comprises study of hospital administration, and of the formulation, quality control and mode of action of medicines, together with a research project into a problem of importance in the hospital service.

Professor A. R. Rogers, head of the department of pharmacy at Heriot-Watt, told *C&D* that the department had found the liaison with the Scottish hospitals a considerable stimulus and he said that he thought that they appreciated the interest now being taken in hospital pharmacy by the schools of pharmacy.

Drug Tariff amendments

The quarterly list of amendments to the Drug Tariff for England and Wales includes the new fee of £0.68 for dispensing out of normal hours a prescription not marked "urgent" by the prescriber. The chemist must endorse the time and date dispensed, and the prescription must also be signed by the patient or his representative.

The amendment includes a new list of commonly used pack sizes of proprietary preparations and brings into effect changes in payment for oxygen therapy services.

Public spent more on medicines during 1970

Average weekly expenditure on medicines and surgical goods rose, during 1970, to £0.143, compared with 2.78s (£0.139) a year earlier, according to the Department of Employment and Productivity's Family Expenditure Survey (HM Stationery Office, £2.30).

In the same period there was an increase in expenditure on toilet requisites, cosmetics, etc, from £0.269 to £0.303. Spending on optical and photographic goods rose from £0.102 to £0.123.

The survey is based on records of income and expenditure provided by some 9,300 households and the findings are presented in tables showing the average amount spent in a week by each household on commodities and services, classified according to household income, income and composition of household, administration area and the occupation of the head of household.

Some statistical information from the survey is given in the tables on the right.

The group headed "Medicines and surgical goods" includes National Health Service charges. "Medical, dental and nursing fees" covers NHS payments to dentists and all private fees.

Warning on chemical growth

United Kingdom output of chemicals is currently only 3 per cent higher than it was a year ago: "This is a serious slackening of growth compared with the average 6½ per cent per year throughout the sixties", Mr J. H. Townsend told the Chemical Industries Association in his presidential speech to the Association's annual meeting on November 11.

Because of a lower demand than was anticipated when investment decisions were taken in the brisker economic climate of 1968-69, some surplus capacity was now evident.

The chemical industry in other countries was finding itself in a similar position and the emergence of surplus capacity for a number of key chemicals on an international scale would be a major factor affecting the next year or two, added Mr. Townsend.

Unit costs of materials and fuels had been rising by 6 per

cent a year; wage and salary payments went up by around 15 per cent in 1970 compared with 1969 and, when the effect of the latest round of awards had been fully worked through, the industry were facing increases that outstripped any improvements that could be made in the level of productivity.

Mr Townsend declared that chemical prices had not fully reflected the upward increased material and manpower costs of the last two years. Despite many economies, including a fall of employment in the industry from 472,000 to 460,000, cash flow had dwindled to an extent which would make it difficult to finance modernisation and new investment on the accustomed scale.

Chief guest at the Association's annual dinner held on the same night was Mr Peter Walker, Secretary of State for the Environment. He said it was an exciting period for his department. There were many problems to tackle and the chemical industry could assist in numerous ways.



Mr D. B. Kimber, director general of the Chemical Industries Association, greets Mr Peter Walker, Secretary of State for the Environment and chief guest at the Association's annual dinner in London last week. In the centre of the picture is Mr J. H. Townsend, president of the CIA (see story this page)

WEEKLY HOUSEHOLD EXPENDITURE	Medicines and surgical goods 1 £	Toiletries, cosmetics etc 2 £	Optical and photographic goods 3 £	Medical dental and nursing fees 4 £
Household income				
Under £10	0.062	0.070	—	0.015
£10 but under £15	0.080	0.137	0.022	0.019
£15 " " £20	0.096	0.154	0.022	0.063
£20 " " £25	0.173	0.219	0.074	0.023
£25 " " £30	0.130	0.234	0.080	0.039
£30 " " £35	0.169	0.322	0.086	0.060
£35 " " £40	0.145	0.334	0.111	0.037
£40 " " £45	0.148	0.363	0.142	0.105
£45 " " £50	0.171	0.411	0.168	0.135
£50 " " £60	0.182	0.493	0.338	0.072
£60 " " £80	0.200	0.586	0.218	0.128
£80 or more	0.215	0.582	0.439	0.124
All households	0.143	0.303	0.123	0.061

COMPARISONS OF AVERAGES (ALL HOUSEHOLDS) FOR THREE-YEAR PERIODS

	1	2	3	4
1963-65	0.113	0.199	0.065	0.063
1964-66	0.109	0.211	0.071	0.060
1965-67	0.106	0.224	0.089	0.061
1966-68	0.111	0.238	0.097	0.057
1967-69	0.123	0.254	0.103	0.063
1968-70	0.134	0.275	0.107	0.060

Dispensing error led to death

A pharmacist dispensed chlorpropamide 250 mg against a prescription requesting chlorpromazine 25 mg. The error resulted in a fatal accident.

An inquiry, held last week in Aberdeen, heard that Mr John Milne, 66, of Lumphanan, Aberdeenshire, took eleven chlorpropamide tablets, over three days, went into a coma and subsequently died.

The pharmacist, Mr Herbert G. Milne (no relation), had retired from his own business and was acting as a locum.

He had been dispensing a chlorpropamide prescription immediately before the shop assistant handed him Mr Milne's prescription form and

said, "Could you do this one quickly because he is catching a bus to Lumphanan?"

The pharmacist explained, "I had chlorpropamide before me and I thought it was the same." Shown the prescription Mr Milne agreed it stipulated chlorpromazine. He said that he had had difficulty making out the "25 mg" on the form. He read it as 250 mg and that was an appropriate strength for the drug that he dispensed.

The jury returned a formal verdict that death was caused by the chemical action of chlorpropamide.

Safety of Drugs submissions

Mr L. Pavitt asked the Secretary of State for Social Services in the Commons last week what percentage of the medicines submitted for approval by the Committee on Safety of Drugs were reformulations or mixtures of established drugs during the years 1969 and 1970; and what was the actual number of drugs falling within this description which received approval.

Mr Michael Alison (Under-Secretary) replied: "90.6 per cent in 1969 and 88.4 per cent in 1970; of the reformulations and mixtures of established drugs submitted in those years, 633 were approved in 1969 and 425 in 1970. Of those which did not receive approval in 1969, 31 were rejected by the Committee, 29 withdrawn by the applicant, and 75 could not be proceeded with, generally because, in spite of requests for additional information, the evidence provided was inadequate.

"In 1970, 55 were rejected, 21 withdrawn and 88 could not be proceeded with or had still to be considered."

COMPANY NEWS

Glaxo see trends continuing

The chairman of Glaxo Group Ltd, Sir Alan Wilson in his report for the year ended June 30, says that sales should continue to rise substantially in the current year and he expects new products to make a greater contribution to profits.

Pressure on margins is likely to continue, since costs are still increasing and pressures by Governments all over the world to reduce pharmaceutical prices are strong. Uncertain economic conditions may also slow down demand by other manufacturers for Glaxo's bulk products at a time when new plants are being commissioned, Sir Alan points out.

Last year some £18m was spent on additional fixed assets compared with £20m in 1969-70.

On the Common Market, Sir Alan says as far as he can see the pharmaceutical industry will scarcely be affected whether Britain goes in or not.

Since the establishing of a true common market in pharmaceutical products would require the alignment of many differing practices and the abolishing of many widely held prejudices, progress can only be slow. It will be many years before national boundaries play only a minor role in the pharmaceutical industry, says Sir Alan. For financial statement see *C&D*, October 16, p 556.

New acquisition for Barclay

Barclay Securities Ltd, are acquiring for £820,000 cash the share capital of Osborne, Garrett, Nagele Ltd. Mr John Bentley, chairman, described the deal as a "very interesting situation which lends itself to rationalisation with our pharmaceutical division."

Osborne, Garrett, Nagele is seen as having break-up possibilities and a study is under way of the profit and loss making centres of the company. Several properties are likely to be sold off and some of the products distributed may have to make way for others manufactured within the group.

Of the purchase price, payment of £60,000 will be de-



Chairman and managing director of Berk Pharmaceuticals Ltd, Mr F. H. Choppin (centre) recently gave a lunch to those of his staff who had been with the company for 10 years. They are seen here with directors and divisional managers

ferred until warranties relating to results for 1971, when a small loss is expected, have been satisfied. Osborne, Garrett, Nagele's turnover in 1970 was £2.6m, but a trading loss was incurred. Messrs W. H. Osborne, M. W. Garrett and E. Nagele, former directors of the company, remain as consultants to the new board; Mr P. J. Nagele has retired. Other OGN directors, Messrs C. K. Best, M. J. Cummins and C. Nagele remain unchanged. The company will continue to trade under its own title.

Beecham expand sales and profits

Sales of Beecham Group Ltd rose to £105.95m in the half-year ended September 30 from £86.47m in the corresponding 1970 period. The 1971 figure includes six months trading of the German acquisition, Fischer & Fischer.

Trading profit, including royalties amounted to £19.31m (£16.16m) and profit before tax and investment grants £17.18m (£15.57m).

After tax, the profit attributable to the group is £9,599,000 (against £8,555,000).

An interim dividend of 12 per cent is declared against 11 per cent last year.

Higher dividend from Boots

Boots Co Ltd had world sales valued at £139.4m in the half-year ended September 30 against £118.5m in the equivalent period of 1970.

They intend to raise their interim dividend from 7 per cent to 8 per cent. Pre-tax profit was £13.9m—more than £3m higher than at the same stage last year.

The David Rabot Group (the French subsidiary companies) acquired in October 1970, and the Crookes Group of companies, acquired in August 1971, are included in

the 1971 figures for those parts of the period in which they were owned.

Determined to 'keep on growing'

Berk Pharmaceuticals Ltd could become one of the dominant European drug houses as a result of developments this year, Mr F. H. Choppin, chairman and managing director said last week, speaking at a lunch for staff members who had been with the company for ten years. Mr Choppin who started with Berk Pharmaceuticals ten years ago said: "Our association with U.S. Vitamins Inc this year means that we are now poised to go into the Common Market and become a major European pharmaceutical house. Our track record shows that we have got something which older companies had, but which, perhaps, they have lost—determination to keep on growing."

Sangers maintain improvement

Profits of Sangers Ltd for the half-year are 34 per cent higher at £541,000, before tax, on turnover 15 per cent up at £15.2m. Attributable profits are up from £211,000 to £306,000. Since the end of the half year turnover has continued to show a "satisfactory" increase, say the directors.

Manchester firm to be wound-up

Creditors of the Vale Pharmacy Ltd, 246 Middleton Road, Manchester 9, were told recently that the company had unsecured debts amounting approximately to £7,016, of which £3,483 was owing to trade creditors, £400 to the bank, and £3,133 for directors loans.

Book value assets of £4,217 were estimated to realise £1,737, less £205 due to preferential creditors, leaving net assets of

£1,532, or a deficiency of £5,484.

A resolution confirming the voluntary winding-up of the company was passed.

In brief

Reckitt & Colman Ltd have acquired from Bolton Textile Mill Co Ltd the balance of the share capital of Goujon Ltd not already owned by them.

Milton's (Chemists) Ltd, recently moved their pharmacy from No. 66 to larger premises at 44 Church Street, Stoke, Staffs.

Kingswood Chemists Ltd have acquired the pharmacy of Mr Trevor Cale, MPS, Horsham, Sussex.

Hannawin's Medical Hall has opened at 23 Main Street, Ballynahinch, co Down.

McCoubrey & Woodside have opened a pharmacy at 19 Cross Street, Larne, co Antrim.

Appointments

Richardson-Merrell Ltd, have made the following appointments to their Merrell division: Mr G. L. Briski, assistant to the sales director (formerly regional manager, western region); Mr P. J. Wood, sales training officer (formerly regional manager, eastern region); Mr G. F. Gunn, regional manager, eastern region (formerly senior representative, eastern region); Mr G. F. Wood, regional manager, western region (formerly senior representative, western region).

Dr Norman J. Harper, MSc, PhD, ARIC, MPS, group director of research and development, and chief executive of the Sterling-Winthrop research division, has been elected to the board of Sterling-Winthrop Group Ltd.

He joined the group in October 1969, from the University of Aston, Birmingham, where

Continued on p 757

Showrax takes very good care of your future with successful Eureka!

Thousands of retailers everywhere tell us that Eureka is Britain's best instore display system. They have proved it a winner.

To help you judge for yourself use the coupon and we'll put you on the road to success.

Just for the record Eureka is beautifully designed, ruggedly constructed from the best materials and finished in a choice of nine colours to delight the eye and individualize your display.

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Tools for your particular trade. Everything to achieve maximum impact.

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And spin a little extra profit with Karu-Sell, the rotary display unit for winning sales.

Take a progressive step. Use the coupon, now. Enjoy success.

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Photograph by courtesy of St. Clair Sampson Ltd.



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Please send me details of successful Eureka ☐ Karu-Sell ☐

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CD/271

The leader....



IN JULY-SEPTEMBER
THE LEAD OVER OUR RIVAL
WAS **3-to-1***

*Now more than ever
it pays to promote*



* SOURCE: TELEVISION CONSUMER AUDIT 12 WEEKS ENDING SEPTEMBER 25th

Continued from p 754



he was professor of pharmacy and head of the department of pharmacy. He had previously been head of chemical services in the research division of Allen & Hanburys Ltd.

Dr Harper was one of the founder members of the Society for Drug Research.

Imperial Chemical Industries Ltd: Mr M. A. E. Hodgson and Mr S. D. Lyon have been elected deputy chairmen of the board as from April 1, 1972. They will join Mr M. J. S. Clapham and Mr R. S. Wright, two of the three present deputy chairman. Mr P. T. Menzies retires from this position on March 31, on taking up the chairmanship of the Electricity Council.

Servier Laboratories Ltd have appointed Mr A. Bellwood their marketing manager, and Dr W. L. Burland, their medical director.

PEOPLE

Mr C. G. Drummond, FPS, Bo'ness, West Lothian, has been appointed vice-president of the Scottish Society of the History of Medicine, and has been invited to present a paper at the Society's annual meeting next year. Mr Drummond is well-known for his research into pharmaceutical and medical history, particularly in Scotland, and among his most recent papers was a contribution to this year's British Pharmaceutical conference in Glasgow.

Mr Trevor Cale, MPS, who has run his own business in Horsham, Sussex, has retired. He went to the town in 1926 as pharmacy manager and later moved to Bognor before returning to Horsham in 1932.

Mr F. C. Wilson, FPS, secretary of the South-west London and Surrey Pharmaceutical

Committee, in his capacity of chairman of the Epsom and West Park Hospital management committee is to present members of the management committee and members of the hospital staff to Princess Margaret when she visits Epsom District Hospital on November 20. Among those to be presented is Miss Enid James, MPS, group pharmacist.

Mr H. N. Bream, FPS, a founder member of St John Council for Leicestershire and Rutland, and its first chairman, received an inscribed silver salver on his retirement recently. He is continuing his association with St John as a member of the Chapter General, governing body of the Order in London.

Death

O hAodha: Recently, Mr Augustin O hAodha, MPSI, St Mary's Road, Galway, aged 71. Mr O hAodha qualified in 1931. A lifelong friend of President de Valera, he fought alongside the President in Dublin's Bolland's mills in the 1916 rising and was subsequently interned in Frongoch. In 1945 he was engaged with Dublin Health Authority, retiring in 1960 to act as locum in Galway city.

NEWS IN BRIEF

□ The organisers of Interplex '71 which closed in London on November 12, say that at the event records were broken for attendance, overseas attendance, sales of machinery, negotiations entered and business in the pipeline.

□ During September and October eleven branches of Boots Ltd were deleted from the Pharmaceutical Society's register and none were added. In all there was a net closure rate of 51 pharmacies in the two months. 36 premises were added to the register and 87 removed from it.

□ The South African Pharmacy Commission recently expressed concern to the Department of Health and to the Pharmacy Board at the possible harmful effects of certain "reducing" tablets and "health" foods. The chairman of the Commission, Mr R. Pannall, said that people without expert knowledge frequently sold "health" foods which were injurious to health as they contained only vitamin A and no proteins. The Board is also to act to stamp out advertising by pharmacists which it considers undignified or aimed at short-term economic gain.

Topical reflections by Xrayser

Principles

At the November meeting of the Council of the Pharmaceutical Society, it was made clear that the obstacle to limitation of the NHS dispensing contract was the opposition of the Company Chemists' Association. Such opposition does not conflict with other attitudes taken up in recent times. What surprises me is the powerful influence exerted in Government circles by the Association.

It appears that when representatives of the Committee on a Planned Pharmaceutical Service met the Department of Health in June to discuss the question of pharmacies in health centre areas, the proceedings were dominated by a "difference in principle." The attitude of the Company Chemists' Association was that it was against any new restrictions which could affect its members' businesses now or in the future. That would seem to suggest—and one can hardly think that that was the intention—that the Association is more concerned with its own interests than with the provision of a planned service designed to serve the pharmaceutical needs of the community as a whole.

Ministers had indicated that they had no objection in principle to the proposals included in the Committee's document—not a statement of undisguised enthusiasm—but their final decision on whether or not to implement them would be materially affected by their knowledge that a specific proposal was likely to be highly controversial within the profession.

Deep roots

In reporting to the Council, Mr W. M. Darling (president of the Society) said that he had attempted to identify more precisely the problems which the Company Chemists' Association would face should the Committee's recommendations be implemented. It appeared that the basic objection of the Association to restrictive legislation was deep-rooted. Further steps are to be taken to see if the views can be reconciled, but meantime the question presents itself as to how far-reaching, in a professional sense, are the views of the Association.

It does, of course, represent a large number of pharmacies, but how closely does it reflect the professional views of its employee pharmacists? Have they, as professional men, been consulted in the matter, or is the deep-rooted objection that of boards of directors? The Department has emphasised that the difference is extremely important. To me, the importance attached to the views of boards of directors should not be allowed to get out of proportion in this matter, and warp judgment.

Pharmaceutical education

There is increasing evidence that the problem of finding staff for the universities who have had experience of retail practice is now acute, and must reflect on the teaching of the student and on the direction of his career. But one might ask how many teachers at the present time could be successfully translated from the academic world into general practice and could with confidence take over the duties of the pharmacist in that field?

It is a subject that must be given deep thought by all pharmacists, not merely those in academic circles or in the confines of the headquarters numbered 17 or 36.

NEW PRODUCTS AND PACKS

Hair care

Torbetol shampoo

Torbetol, just introduced by Torbet Laboratories, is a medicated shampoo containing cetrimide 17.5 per cent and benzalkonium bromide 2.5 per cent.

It is orange coloured and packed in a 75ml bottle (£0.40).

The manufacturers say that it is particularly indicated for dandruff and acne, but it should not be used on people sensitive to quarternary ammonium compounds (Torbet Laboratories Ltd, 24 Great King Street, Edinburgh 3).

Pony tail holders

Ravina have designed a new series of pony tail holders with novel decorations. No 258 (£0.15) is decorated with a flower with a "gilt-bobble centre". No 250 (£0.15) uses a multipetal flower design in a similar bobble.

Twin colour bobbles are featured in No 226 (£0.15) whilst No 260 (£0.20) is a four-pointed petal arrangement in gilt metal. All the pony tail holders come in blister packs (Ravina Marketing Co, 64 Oxford Road, Denham, Uxbridge, Middx).

Cosmetics and toiletries

Cardinelli Classique

The Classique range of eyelashes (£0.98) marketed by Cardinelli are made from human hair and have a base line that is flexible, making application simple, and the eyelashes undetectable.

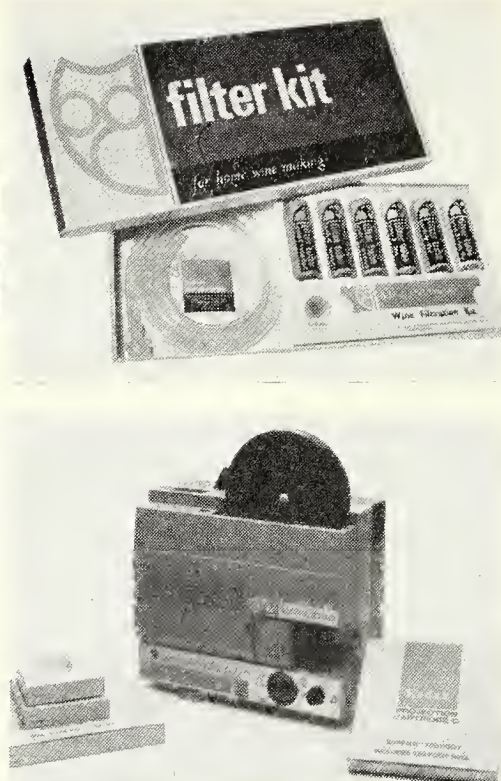
Enclosed in the attractive pack is "wear and care" leaflet, eyelash adhesive and the Easily eyelash applicator.

The range includes three styles: Charms, Misties and LowerLash—all in black or brown. A free display stand is given with initial orders of 1 dozen (Cardinelli Beauty Products Ltd, 339 Green Lanes, Haringey, London N4 1EA).

More Coty mini pots

Following their Smudge Pots, Coty are now introducing Honey Pots, Blush Pots and Color Flicks. Coty Honey Pots (£0.45) are pots of lipstick. The glossy tints are applied with fingertips.

There are four shades: Gingershine



(russet frost); Petalshine (pink frost); Sugarshine (clear frost); Pinkinshine (a pearl frost).

Blush Pots (£0.45) contain clear gel colour in three shades: Blushing red, Blushing burgundy or Blushing pink (Coty Ltd, 3 Stratford Place, London W1).

Wine making

'Ultimate' in wine filtration

Grey Owl Laboratories say that Balston's, the international filtration specialists, have given them the exclusive rights of their Microfibre filter tubes for home wine-making. The tubes have been found, even on some pithy sludge, to give quicker filtering, brighter wine, and more simple operation than any other filter kit on the market, they say. Wine filtered crystal clear at the rate of 5-10 minutes per gal.

All parts can be easily cleaned for further use and tubes will usually filter five to 10 gallons. Each filter kit (£1.95) contains 6 microfibre filter tubes (3 standard, 2 fine, 1 very fine), syphon tubing, connecting pieces and sodium metabisulphite. The filter tubes are available separately (£0.25) as are the connecting pieces (£0.24 per set) and the sodium metabisulphite (£0.05) (Grey Owl Laboratories Ltd, Morlev Road, Staple Hill, Bristol BS16 4QF).

Photographic

Projection cartridge

The fourth Kodak projection cartridge and reel, the C cartridge (£1.76) for super 8 films up to 220ft is now available from Kodak Ltd. The C cartridge completes the range for super 8 projection, Kodak having announced its 50, 100 and 400ft cartridges previously.

The new C Cartridge is designed to hold film giving 11 minutes projection time at 24 frames per second. That length of film is widely used by educational film producers. A loaded cartridge is simply clipped on to the projector, the projector started and the film is automatically taken



up. When the film is over, it is automatically wound back into the cartridge (Kodak, PO Box 66, Kodak House, Station Road, Hemel Hempstead, Herts).

PRESCRIPTION SPECIALITIES

ISORDIL tablets

Manufacturer Ayerst Laboratories Ltd, 10 Forge Court, Yateley, Camberley, Surrey

Description Pink, sublingual tablets each containing isosorbide dinitrate 5mg. White oral tablets each containing isosorbide dinitrate 10mg

Indications For the treatment of angina pectoris, sublingually for the acute attack and orally for prophylaxis

Contraindications Idiosyncrasy to isosorbide
Dosage Sublingually: one or two tablets every 2-3 hours. Orally: one to three tablets 4 times daily, can be taken prophylactically or prior to times of stress

Precautions Care in patients with glaucoma, as intra-ocular pressure is increased. Tolerance and cross-tolerance to other nitrites or nitrates may occur. Can act as a physiological antagonist to noradrenaline, acetylcholine, histamine and other agents

Side effects Those common to nitrates, including flushing, headaches, transient dizziness and weakness and other signs associated with postural hypotension

Storage Unlike glyceryl trinitrate, Isordil tablets are stable and require no special storage precautions

Packs Sublingual tablets 100 (£0.80 trade), 250 (£1.90). Oral tablets 100 (£0.85), 250 (£2.00). Packed in Securitainers

Supply restrictions P1 Issued November 1971

GAVICON tablets

Manufacturer Reckitt & Colman pharmaceutical division, Hull

Description Mint flavoured, chewable tablets, each containing alginic acid 260mg, sodium alginate 260mg, magnesium trisilicate 26mg, dried aluminium hydroxide gel 104mg, sodium bicarbonate 88.5mg, in an inactive base including sucrose 712mg and mannitol 935mg [corrected note]

ADRIAMYCIN

Manufacturer Pharmitalia (UK) Ltd, King-maker House, Station Road, Barnet, Herts

Description Freeze-dried red powder containing doxorubicin hydrochloride 10mg co-dried with lactose to give a stable, readily-soluble preparation

Indications Both acute and chronic leukaemias have responded to Adriamycin and there has been some regression of certain solid tumors such as lymphomata, soft-tissue sarcomata, neuroblastomata and breast and lung cancer

Contraindications Bone-marrow depression and buccal ulceration.

Dosage 0.4mg/kg to 0.8mg/kg body weight on each of 3 days followed by at least 10-21 days before further treatment (see literature)

Precautions Haematological monitoring should be carried out regularly. There is a possibility of bone-marrow depression. Use with caution in cases of impaired cardiac function

Storage After reconstituting, the solution may be stored for up to 24 hours at room temperature or 48 hours at 4°C without significant deterioration. Exposure to sunlight should be avoided

Packs Vial of 10mg in carton with 5ml of water for injection (£3.40 trade)

Supply restrictions TSA

Issued November 1971

TRADE NEWS

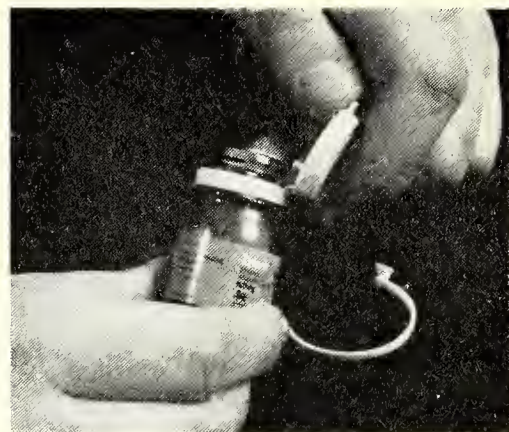
Insulex packaging

A full colour gift pack for their insulated four pint ice buckets has been introduced by Insulex Ltd, Insulex House, 124 Barlby Road, London W10.

The company plans to introduce similar packs for many of their other gift range products.

New bottle range

A new range of tablet bottles manufactured by United Glass Containers, Kingston Road, Staines, Middx, now gradually being introduced by Burroughs Wellcome,



includes a plastic Jaycap which, say the cap manufacturers Johnsen & Jorgensen (Plastics) Ltd, Grimstead Road, London SE8, discourages pilfering. In addition, as the lid is hinged, it cannot be misplaced.

The round amber glass bottles, in five different standard sizes, will eventually replace the 10 different oval bottles now used exclusively by Burroughs Wellcome.

Ronson Glasgow service centre

A new Ronson service centre has opened at 73 St George's Place, Glasgow, C1. The centre is for personal callers, trade or public, only. Service-by-post facilities are offered at Ronson Products Ltd, Leatherhead, Surrey (flame) and Ronson Products Ltd, Norham Road, West Chirton, North Shields, Northumberland (flame and electrical).

Eucalyptus oil offers

Eucalyptol and various grades of eucalyptus oil are offered by Australian producers Wellstead & Sons Manufacturing Co.

They will submit samples and cif prices for any packing required, from 2oz bottles to 400lb drums, or in metric. Their shipping agents are: Glen Chemicals Co, 2 Wren Road, Moorabbin, Victoria 3189, Australia.

Ajidew humectant

Kingsley and Keith (Chemicals) Ltd, Suffolk House, George Street, Croydon, CR9 3QL have recently been appointed by Ajinomoto as the sole UK agents for their new product Ajidew their registered trade name for pyrrolidone carboxylic acid, a naturally occurring humectant in the skin.

The sodium salt of PCA is contained in abundance in the skin and plays the role of a natural moisturising factor. Because PCA is a naturally occurring substance the company claim it is less hazardous or toxic and far more effective than existing humectants, and has an important use in cosmetics and soaps. Literature and samples are available on request.

Bonus offers

Golden Ltd, 18 Bruton Street, London W1A 1BX. Reban. 15 invoiced as 12 (until December 31).

E. C. De Witt & Co Ltd, London E10. Placidex 100ml. 45 invoiced as 36, 14 invoiced as 12. 50ml. 90 invoiced as 72, 42 invoiced as 36, 13 invoiced as 12 [corrected note].

10 good reasons for displaying new look Tubifoam...

Chiropodists everywhere use Tubifoam tubes for toe treatment and protection. Now, in new blister-packs, and a range of 5 sizes, inexpensive Tubifoam tubes are going to be best sellers for many other applications which don't need professional advice.

There's a big value-for-money 12" length of Tubifoam in every pack, ready for your customers to cut off the

exact amount they need each time.

Tubifoam holds itself in place and offers all round protection. It is ideal, not only to relieve pressure and prevent chafing, but also for covering tender or bruised fingers and toes.

Display the new Tubifoam packs prominently – and watch your sales increase.

Ask your usual wholesaler – or write direct to us,

BATEMAN-JACKSON

Tubiton House, Medlock Street, Oldham, Lancs.

Tel. 061-652 2222 Grams 'Tubiton' Oldham

A member of the **Seton** group

Distributors of Seton Specialised Surgical Dressings and Appliances.

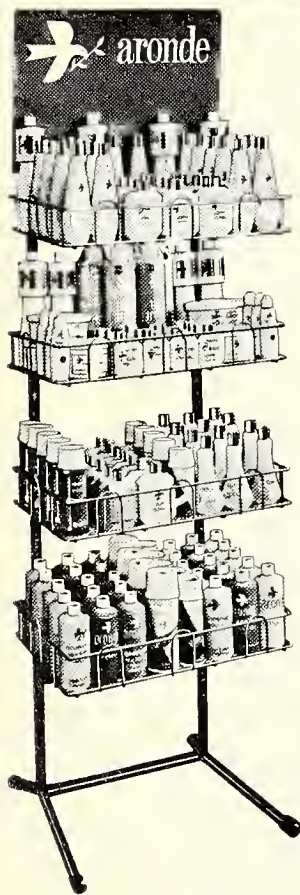
...and heré's 10 moré!



TAKE TWO

—for a
première-proved
double-feature
sales programme
produced by

aronde



For film-stars or housewives, *Aronde* beauty products are your most spectacular sales-booster! And hard on the heels of this fortune-making *Aronde* display, projecting our wide range of toiletry and cosmetics from the smallest space possible, comes news of our success-proved pouchette and holdall range!

Already selling in more than fifty countries—these fast-selling lines can draw your richest audience . . . estimated at many gross of sales each year! Research proves ten million women buy a new pouchette once a year—and many buy twice or three times . . . so take advantage of this season's big-feature range and super-value price-reduced items.

SHOOT! If you want 50%* profit on cost or more, fill in this special advance coupon now—and shoot it off to us! Our representative will soon call to give you the facts about the *Aronde* big double-feature sales drive!

**excluding purchase tax.*

TO: ARONDE LABORATORIES LTD, SHERBOURNE AVENUE, BINSTAD, RYDE
ISLE OF WIGHT. TEL: RYDE 3761

Please help me stake a claim in the *Aronde* sales programme—
without obligation!

Name

Address

CD/20/11/G



They'll soon be crowding in on YOU ...for their PULMO BAILLY

The cough season has arrived! Soon all they'll be able to shout for is their Pulmo Bailly and for that they'll have to come to you. Once again this winter our advertising campaign is specially designed to attract customers into the retail pharmacy and nowhere else; make sure you've got enough Pulmo Bailly to keep them all quiet—bonus terms are available now from your wholesalers.

Window and counter display material is always readily available on request.

PULMO BAILLY

the cough tackler

A CHEMIST-ONLY LINE!

NOW ON BONUS TERMS!



Bengué & Co Ltd, Mount Pleasant, Alperton, Wembley, Middlesex

PROMOTIONS



Campaign stresses 'chemist only'

The winter advertising campaign for Bengue's chemist-only cough preparation Pulmo Bailly is specially designed "to attract the consumer into the retail pharmacy and nowhere else."

The seasonal campaign is the most extensive ever undertaken for the product and follows on from a highly successful spring and summer advertising scheme.

In addition to national, local and professional Press advertising, Bengue have taken prime advertising sites on selected rugby league, rugby union and football grounds. Millions of viewers see the product name on television with coverage on BBC 1, BBC 2 and ITV, on such programmes as Grandstand, Rugby Special, Rugby League Floodlit Series, and Match of the Day.

The carton display crowner, the consumer advertising literature and Press advertisements strengthen the image with the general message "Pulmo Bailly—the cough tackler".

Window and counter display material is on request, and the product is at present available on bonus terms (Bengue & Co Ltd, Mount Pleasant, Alpertown, Wembley, Middlesex).

Wilkinson's biggest campaign

Wilkinson Sword have announced details of their most powerful advertising campaign ever to support a new product. The campaign, backing the Bonded shaving system, features national television advertising designed to reach at least 90 per cent of adults in the UK, as well as widespread national Press advertising.

Mr Geoffrey Cleaver, senior products manager responsible for the system, says: "Since the launch of Bonded in September over 90 per cent distribution has been achieved in all outlets. The sell-in has been the biggest success in our history, and this advertising campaign in the peak

buying period leading up to Christmas should ensure that the new Bonded shaving system is a sell-out by the New Year.

"Research has conclusively proved that once a man has used the Bonded shaving system he never wants to use anything else—and so he will be back for the profit-making refill dispensers of Bonded blades. This is the start of a shaving revolution in the UK."

A 30-second colour television commercial explaining the advantages of the system will be shown nationally from mid-November until Christmas. In addition there will be a national Press campaign running during the same period in publications including *The Sun*, *Sunday Mirror* and *Radio Times* (Wilkinson Sword (Acton) Ltd, Sword House, Great West Road, Brentford, Middlesex).

Yardley and motor sport

Latest move by Yardley to exploit their investment in motor sport sponsorship is a full colour poster now being displayed on the company's 224 permanent London underground sites.

The poster features the Yardley Black Label range of toiletries, launched in July this year at the Woolmark British Grand Prix. Publication is timed for the pre-Christmas gift buying period.

Also available on the racing theme are Black Label merchandisers offering Yardley Grand Prix cuff links at a cost of £1.25. Christmas gift packs also feature the theme (Yardley of London Ltd, 33 Old Bond Street, London W1X 4AP).

□ Mr Dennis Mathews, managing director of Yardley and Mr Louis Stanley, joint managing director of British Racing Motors, announced this week the termination of the contract under which Yardley of London have sponsored the BRM Formula 1 Team during the last two seasons. Both Yardley and BRM hope shortly to announce separate plans for 1972.

Hermesetas competition

Three first prizes of a holiday for two in Switzerland will be awarded in the forthcoming consumer competition in connection with Hermesetas Swiss-made sweeteners, which will run until the end of March 1972.

Entrants are asked to submit a four-line verse incorporating the name "Hermesetas", sending with their entry proof of purchase of the promoted pack—a special blister of the 300-tablet size.

Crookes Anestan Ltd, who market Hermesetas in this country, say they are confident of an enthusiastic response, with the three first prizes of £150 holidays and 300 runner-up prizes of Swiss watches (Crookes Anestan Ltd, Telford Road, Houndmills Estate, Basingstoke, Hants).

Golden Ostermilk gift box

Presentation boxes, which have been used to introduce thousands of mothers to Golden Ostermilk, have been redesigned to include the new, slim pack.

Banded to the full-size pack are a set of six birth-announcement cards and an easy-to-read leaflet detailing the quick warm mix method for preparing Golden



To encourage the giving of their Elle talc mitts as Christmas presents, Crookes Anestan have produced an attractive gift envelope for the pack. A new counter dispenser holds 12 mitts and 12 envelopes, enabling the customer to take an envelope as she makes the purchase (Crookes Anestan Ltd, Telford Road, Houndmills Estate, Basingstoke, Hants)

Ostermilk. All the items and the box bear an attractive flower motif.

As with previous presentation boxes, Glaxo will be making the new one available for distribution to mothers through maternity hospitals and domiciliary midwives (Glaxo Laboratories Ltd, Greenford).

Consumer offers

□ On-pack, money-off promotions on Vitalis hair dressing—8p off 200cc; 5p off 114cc; 3p off 57cc—and Ingram shaving cream—5p off lather economy; 3p off lather large and brushless (Bristol-Myers Products, Stamford House, Station Road, Langley, Slough SL3 6EB).

ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Antussin: Ln, M, Lc, So

Asbait powders: Sc, G

Buttercup syrup: Lc, Y, NE

Coldrex: Ln, M, Y, So, NE

Famel adult cough syrup: All areas

Fynnon Aspirin: B

Hedex: All except U, E

Lucozade: All except E

Protein 21 shampoo: All areas

Signal toothpaste: Ln, CI

Silvikrin hairspray: All except Lc, G, E

SR toothpaste: All except E

Sunsilk hairspray: All except E

Tegrin shampoo: All except Ln, E, CI

Trufood Spoonfoods: Lc

Twice as lasting hairset: Ln, M, Lc, So

Vosene: All except So, A, U, We, E

Cash-and-carry for chemists

Chemists all over Britain are now using cash-and-carry services for many of their "non-ethicals"—but generally they have to patronise cash-and-carry outlets which have been set up primarily to serve the grocer or general trader.

Next week, however, pharmacists within easy reach of Coventry by road will be able to take advantage of a cash-and-carry operation designed specifically with them in mind, and set up by an independent pharmaceutical wholesaler, Pharmaceutical Supplies (Coventry) Ltd.

Last week in the purpose-built premises of Midland Progressive Services Ltd ("MPS"), which have risen rapidly behind the existing warehouse, an enthusiastic staff were feverishly unloading stock from suppliers' lorries on to extensive self-service shelving. Such is the anticipated through-put—essential if competitive cash-and-carry prices are to be offered—that a palletised system has been adopted for inward goods, with movement by fork-lift truck.

There is no doubt that many traditional suppliers of chemists' "non-ethicals" have lost business to cash-and-carry in recent years. The *Nielsen Researcher* said that in 1970 as many as one-third of chemists were already making use of the new services—inevitably, because grocers' voluntary groups and other competitive retailing methods often put the chemists' products on shelves at less than the independent chemists' buying price.

Future pattern

But Mr A. W. Green, MPS, director of Pharmaceutical Supplies (Coventry) Ltd, sees "do-it-yourself" wholesaling as the answer for the non-chain pharmacy. Without it, he says, the problem will grow as the bigger manufacturers press the principles of productivity even further—bigger deliveries and special promotions at lower prices are ideal for their more economical long production runs.

When asked how much the chemist could save by using cash-and-carry, the answer came back, "at least 7½ per cent", with more on some items and a great deal more on the special promotions. Overall, a chemist with a good order should be able to cut about 10-12½ per cent from the normal wholesale price.

Mr Green: "The pharmacist is a professional trader who derives 50 per cent of his turnover from non-dispensing business. If he is to hold on to this he must be given equivalent opportunity, and this our cash-and-carry operation aims to do."

"But the pharmacist must pass on the good margins he receives to the customer, thereby bringing more people into the shop. He can only profit if he moves the goods from his shelves and comes back to us for more."

The "MPS" service will be available to selected non-pharmaceutical outlets—it would not be viable on chemists' business alone—but there will be a security system involving membership numbers that will ensure that chemist-only goods do not get into the wrong hands. The system will also ensure compliance with the manufacturers' existing distribution policies.

It is expected that the present set-up will cater for chemists within a 25-mile radius of Coventry—the warehouse, at Templar Avenue, Tile Hill Lane, is just off the A45 and the M1-M6 link due to be opened this year will make for easy access from even further afield. Car parking for 50 vehicles is provided.

The range of chemists' goods carried is believed to be far more extensive than held by the average grocers' cash-and-carry, and some 2,500-3,000 lines will be on the shelves at the opening on November 22. Categories involved include pro-

prietary medicines, toiletries and cosmetics, health foods, slimming and diabetic foods, chemists' sundries, wines and spirits, pet foods, home brew kits, paper products, baby goods, household and electrical goods and photographic goods.

Mr Green points to the way in which many manufacturers are moving towards packaging in cash-and-carry units—particularly dozens and half dozens in shrink-wrapped outers, with the stock visible, clean and often on a display tray. And there is also a trend towards "mixed" packs—some cosmetics and toiletries manufacturers are either supplying in outers with a selection of product shades, perfumes etc, or are sending representatives to do the mixing on the spot.

All stock carries a ticket showing buying price of the outer, tax and manufacturers' recommended retail price. Many manufacturers cooperate with special "deals", sometimes showing up to 100 per cent margin, and these will be given special display prominence. A five-day week will operate, with late nights on Monday, Wednesday and Thursday when the warehouse will remain open until 8.30pm.

Mr Green's intention is that "MPS" should serve the pharmacist "across the board", enabling him to diversify and to buy at competitive prices. It is a development that will certainly be watched with keen interest by all sections of the industry.

CLAIMS MADE FOR A HIGH FIBRE DIET

Until fairly recently, it was thought that symptoms of diverticular disease of the colon could be alleviated by putting the sufferer on a low residue diet but that, ultimately, surgery was the only answer.

Later research, however, indicates that this treatment is in fact unhelpful. Indeed it is now believed that the genesis of diverticular disease is related to the decline in the intake of vegetable fibre by the population at large over the last eighty years.

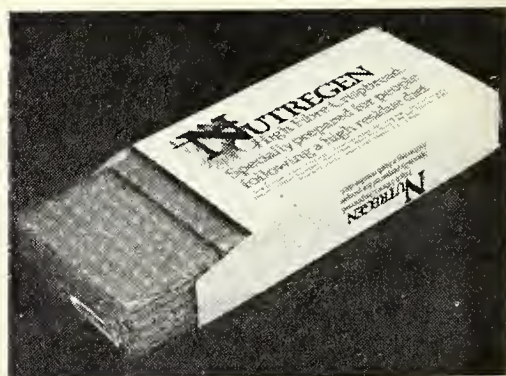
In short, not only is a low residue diet an ineffective way of treating diverticular disease but it can also be said to lead to the disease.

Dr D. P. Burkitt, of the Medical Research Council's external scientific staff, was reported to say recently: "Incontrovertible evidence must come soon that the lack of vegetable fibre in our food is a major cause of these (bowel cancer, gall bladder trouble, etc), illnesses."

A paper in the *British Medical Journal* by Dr Burkitt and Mr N. S. Painter, a senior surgeon at the Manor House Hospital, London, concludes that the rise in death rate from diverticular disease was halted in Britain only during the war and immediate post-war years during rationing of such foods as white bread and refined sugar.

The disease is a deficiency one, they say; like scurvy it should be avoidable.

The paper finishes: "By retracing our



dietary steps it should be possible to prevent its appearance in future generations and perhaps to lessen the incidence of carcinoma of the colon, which has a similar epidemiology.

There are an estimated two to three million sufferers in the UK. It is primarily associated with the elderly amongst whom it is virtually endemic.

Energen Foods Co Ltd, Ashford, Kent, have developed a high fibre crispbread which has been intensively used in recent research. In a significant number of cases (about 80 per cent) symptoms of the condition have been alleviated by patients taking Nutregen high fibre crispbread, which is now available (18 slices £0.12).

Its virtue is that it is high in fibre, palatable, easily assimilable and that inclusion of six to ten slices per day means the recipient is on a high fibre diet.

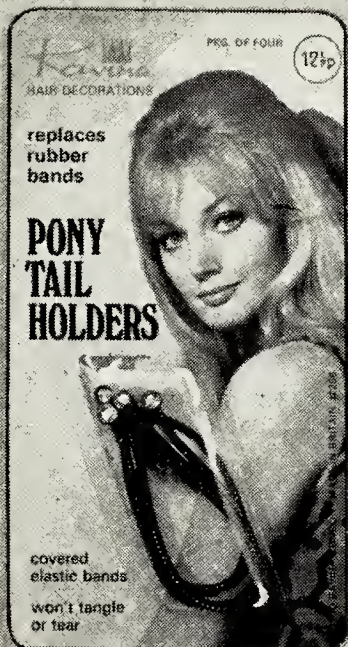
Four ways to show a fancy profit.

Ravina's top selling Pony Tail Holder is now available with four different fancy ends. The same quality covered elastic is, in addition to the original gilt bobble end, now available in the four new styles shown opposite.

PONY TAIL HOLDERS

come in a wide range of colours packed in see-through blister packs specially produced for self-service display or they may be sold direct from the eye-catching display outer.

Pony Tail Holders replace ugly rubber bands to hold the hair without tangling or tearing.



Ravina

HAIR DECORATIONS
obtainable
from your wholesaler

256
the original Pony Tail Holder
with gilt bobble end
packed four in a blister
RETAIL AT ONLY **12½p**



all the above packed on cards two in a blister



200 Tablets

Larodopa

710190

ROCHE

500 mg

L01

Larodopa
trade mark

Each tablet
500 mg L-
Dihydroxy-
alanine

S. Ab

Roche
Weybridge
England

CHEMIST & DRUGGIST

Price service

'Contac 400'
for 12 months
continuous profit!



AMENDMENT TO SEPTEMBER QUARTERLY PRICE LIST

Trade prices are given per unit unless otherwise stated. Bold upright figures (0.14) in the retail column indicate the price is subject to resale price maintenance. Italic figures (0.14) is manufacturer's recommended price. Bold upright figures (0.14) is a suggested guide.

r = Price advanced. **r** = Price reduced.
n = New entry. **d** = Delete.
c = Correction. **i** = Insert.

	Trade £.p	Tax £.p	Retail £.p		Trade £.p	Tax £.p	Retail £.p
DEBUT (366 Dendron)				refills			
cleansing cream with CEF 600				Continental 8 oz	..	..	0.30
tube 112 ml	5.5061dz	2.3538dz	0.85	Concorde, Continental,			
7 (1397 P de LL)				Ambassador, Escort and			
cologne				Dura-Clad 16 oz	..	..	0.33
1 oz	3.38dz	1.52dz	0.55	32 oz	..	..	0.52
2½ oz	6.34dz	2.85dz	1.03	Concorde and Continental			
4 oz	11.38dz	5.12dz	1.85	23 oz	..	..	0.50
8 oz	18.77dz	8.45dz	3.05	food flask	..	..	0.55
perfume				food flask or jug			
2 cc	3.07dz	1.38dz	0.50	32 oz	..	..	0.65
4 cc	4.67dz	2.10dz	0.76	food flask super			
¼ oz	6.33dz	2.85dz	1.03	16 oz	..	..	0.57
½ oz	14.46dz	6.51dz	2.35	32 oz	..	..	0.68
1 oz	21.23dz	9.56dz	3.45	ALBERTO CULVER (24 ACC)			
2 oz	35.38dz	15.92dz	5.75	Get Set hair spray			
4 (137 Blakoe)				natural hold 303 g	2.78dz	1.25dz	0.43
hormone cream 48 g	0.64	0.28	1.25	super hold 303 g	2.78dz	1.25dz	0.43
CIDIN (878 Napp)				for greasy hair 303 g	2.78dz	1.25dz	0.43
trup 120 ml	0.30			ALBION (339 CG)			
456 ml	1.10			cotton wool			
2.27 l	4.76			1 oz	0.45dz	..	0.06
blets 20	0.19			4 oz	1.16dz	..	0.13½
100	0.85			16 oz	3.65dz	..	0.42
500	3.80			paper wrapped			
AMATIC (16 AGL)				2 oz	0.70dz	..	0.09
camera				8 oz	2.00dz	..	0.23
100 Sensor outfit with case	..	..	12.50	16 oz	3.42dz	..	0.40
without case	..	..	10.99	ALCON (1154 SNP)			
rick (671 Jeyes) existing entry				eye preparations			
WICK (671 Jeyes)				fluorescein 2% 15 ml	..	..	d
rosols, alpine, lilac				isopto prednisolone	5 ml	..	d
time, springtime				AMAMI (105 BTD)			
283 g	1.90dz	..	0.18½	setting lotion	..	1.36dz	0.615dz
bottles wick	..	2.28dz	..	AMIN-EX (760 Liga)			
refill	..	1.90dz	..	low protein biscuits	..	1.53dz	..
lid	..	2.36dz	..	AMYLOMET (180 BEP)			
DDIN (23 ALAD)				tablets 30 mg	100	0.20	..
Ambassador 16 oz	..	..	0.61	250	0.40	..	..
32 oz	..	..	0.97	1000	1.37	..	..
Concorde 16 oz	..	..	0.58	100 mg	100	0.39	..
32 oz	..	..	0.94	250	0.85	..	..
Continental 8 oz	..	..	0.51	1000	2.96	..	..
16 oz	..	..	0.54	ANADIN (655 ICC)			
23 oz	..	..	0.83	tablets	4	0.28dz	0.09dz
32 oz	..	..	0.90	8	0.48dz	0.15dz	0.07
Escort 16 oz	..	..	0.54	20	1.24dz	0.38dz	0.17
32 oz	..	..	0.87	ANAPAX (848 Minnesota)			
food flask 16 oz	..	..	0.76	cold and flu mixture	..	..	d
32 oz	..	..	0.97	ANAXERYL (115 Bengue)			
super 16 oz	..	..	0.97	ointment 40 g	0.18	0.055	0.29½
32 oz	..	..	1.18	ANBESOL (655 ICC)			
jug 32 oz	..	..	2.21	oral antiseptic	..	1.54dz	0.47dz
vacuum flasks				ANDRE PHILIPPE (48 AP)			
23 oz	..	..	0.88	bath essence 9	3.00dz	1.35dz	0.49
				soap guest ovals (6)	31	2.50dz	0.75dz
				ANESTAN (325 C-A)			
				tablets	64	4.05dz	..
				184	10.35dz	..	1.15
				packs of 60 and 180	..	..	d
				ANNE FRENCH (655 ICC)			
				cleansing milk			
				79 cc	1.62dz	0.73dz	0.25
				206 cc	3.04dz	1.37dz	0.47
				glow 5 mask sachets (1)	0.65dz	0.30dz	0.10
				(3)	1.56dz	0.71dz	0.24
				moisture cream tubes	1.30dz	0.59dz	0.20
				jars	2.14dz	0.97dz	0.33
				Hidden Beauty			d
				ARRID (235 CW)			
				anti-perspirant extra			
				dry aerosol standard			
				130 g	2.92dz	1.25dz	0.44
				190 g	3.53dz	1.51dz	0.53
				255 g	4.52dz	1.93dz	0.68
				unscented 130 g	3.26dz	0.93dz	0.44
				190 g	3.94dz	1.12dz	0.53
				255 g	5.03dz	1.43dz	0.68
				anti-perspirant supreme			
				cream 15 g	1.66dz	0.47dz	0.23
				28 g	2.10dz	0.60dz	0.29
				roll-on 28 g	2.05dz	0.88dz	0.31
				refill 28 g	1.81dz	0.77dz	0.27
				spray 45 cc	1.79dz	0.51dz	0.25
				ASPRO (893 Nicholas)			
				junior tablets 24	0.775dz	0.23dz	0.10
				BARITOP 100 (289 Concept)			
				contrast medium 300 ml	0.52		
				BAYCARON (452 FBA)			
				tablets 25 mg 50	1.24	..	1.86
				150	3.52	..	5.28
				BAYOLIN (452 FBA)			
				ointment 35 g	..	0.18	0.05
				BEAUTY PUFFS (786 Macdonald)			
				coloured rayon balls 3.00dz	..	..	0.37½
				BETADINE (878 Napp)			
				ointment 25 g	..	0.25	..
				60 g	..	0.53	..
				skin and scalp			
				cleanser 100 ml	..	0.41	..
				vaginal douche 240 cc	..	0.98	..
				gel	..	0.98	..
				pressaries 14	..	0.98	..
				scalp lotion	..	..	d
				BIRKIN (1201 Supervite)			
				hair tonic with oil			
				110 cc	0.30	0.13	0.60
				220 cc	0.45	0.20	0.90
				without oil			
				110 cc	0.30	0.13	0.60
				220 cc	0.45	0.20	0.60
				BISMAG (655 ICC)			
				powder	..	1.03dz	0.31dz
				165	1.83dz	0.55dz	0.25
				BISODOL (655 ICC)			
				tablets	..	1.83dz	0.55dz
				rollmints	..	0.44dz	0.14dz
				tablets 100	2.35dz	0.71dz	0.32
				BLAKOE (137 Blakoe)			
				male hormone cream			
				1½ oz	0.83	..	1.25
				maxivits 20	0.66	..	1.00
				minivits 50	0.66	..	1.00
				multi vitamin/mineral			
				tablets 80	0.63	..	0.95
				200	1.33	..	2.00
				vitamin C tablets			
				500 mg 100	0.66	..	1.00
				E cream 1½ oz	0.83	..	1.25
				tablets			
				100 mg 100	0.70	..	1.10
				200 mg 50	0.70	..	1.10
				capsules			
				600 mg 15	0.66	..	1.00
				32	1.33	..	2.00
				wheat germ oil capsules			
				140	0.66	..	1.00
				BRADOSOL (262 CIBA)			
				lozenges 0.5 mg 20	1.20dz	..	0.15
				Brands (1114 SEF)			d
				BRANDS (1438 RHM)			i
				essence of beef 2½ oz	2.21dz	..	0.24
				chicken			
				2½ oz	2.21dz	..	0.24
				BRONNLEY (194 Bronnley)			d
				calf's foot jelly 10½ oz	..	..	..
				soap			
				country herbs			
				visitors (6)	..	..	0.60
				BRONTRIUM (1074 Roche)			
				capsules 100	1.10	..	1.65
				paediatric 100	0.74	..	1.11
				BROVOLIN (878 Napp)			
				cough syrup 150 ml	0.30	0.09	†DDI
				dp 1200 ml	1.90	..	†DDI
				BUTACOTE (501 Geigy)			
				tablets 100	1.06	..	†s4B
				500	4.92	..	†s4B

the most versatile digitalis glycoside

LANOXIN* DIGOXIN

TABLETS • SOLUTION • INJECTION • PAEDIATRIC ELIXIR

BURROUGHS WELLCOME & CO. (The Wellcome Foundation Ltd.) DARTFORD, KENT.

*Trade Mark



Trade					Tax					Retail					Trade					Tax					Retail				
£.p					£.p					£.p					£.p					£.p					£.p				
BUTOMET (180 BEP)					DENTU-CREME (1178 Stafford)					FREEZONE (655 ICC)					FRESH-SOX (848 Minnesota)					FUCIDIN H (747 Leo)					GADE (621 Howden)				
tablets 100 mg 50 0.25 †sls4A					standard 1.06dz 0.32dz 0.15					corn remover .. 1.17dz 0.36dz 0.16					deodorising insocks .. 2.55dz 0.287dz 0.35					gel 10 g 0.38					TS				
100 0.44 †sls4A					large 1.47dz 0.44dz 0.21															25 g 0.80					TS				
250 0.91 †sls4A					DEWDOWN (918 Or-Lem)																								
1000 3.20 †sls4A					squashes .. 1.18dz tax paid 0.13																								
BYDOLAX (878 Napp)					DIGESPIRIN (1169 BGS)																								
syrup 150 ml 0.21					antacid .. 0.11 0.15																								
1200 ml 1.15					DIXCEL (189 BT)																								
CALAZEAN (312 AC)					cuisine kitchen towels																								
cream 25 g 0.08 0.024 0.14%					twin pack 1.64dz 0.18dz																								
Californian Poppy (76 Atkinson)					DOSULFIN (501 Geigy)																								
CALIFORNIAN POPPY (1102 Sanitas)					DRISTAN (655 ICC)																								
CARTERS (232 Carters)					tablets 24 2.34dz 0.26																								
all-in-one canned brew					DURHAM DUPLEX (1526 DDR)																								
herb care shampoo					safety razor, folding																								
sachet 1.90 0.57 0.07					100 4.72dz 1.42dz 0.71																								
(50) (50)					kit 100 c 7.72dz 2.32dz 1.16																								
rosemary shampoo .. 1.35 0.405 0.05					101 5.36dz 1.61dz 0.81																								
(50) (50)					safety razor "T" shape																								
vitamin C health drink .. 0.44 0.65					300 4.47dz 1.54dz 0.69																								
CARTERS (235 CW)					home hair trimmer 700 2.99dz 0.90dz 0.45																								
little liver pills 36 1.08dz 0.31dz 0.15					with blades .. 4.07dz 1.22dz 0.61																								
100 2.10dz 0.60dz 0.29					razor blades																								
CAVALCADE (567 HCBP)					stainless (5) 1.69 0.51 0.15																								
hair friction .. 1.00dz 0.45dz 0.17					(10 pkts) (10 pkts)																								
CELEVAC (1305 WB)					hollow ground .. 1.79 0.54 0.16																								
granules 100 g 0.31 0.093 0.56					(20 pkts) (20 pkts)																								
CELLOSENE (1073 Robinson)					blades for trimmer .. 1.79 0.54 0.16																								
cellulose wadding 16 oz 1.80					(20 pkts) (20 pkts)																								
Cerebos (242 Cerebos)					stropping kit 90 4.29dz 1.29dz 0.65																								
CEREBOS (1438 RHM)					stropping attachment 80 0.86dz 1.12dz 0.13																								
CHRISTYS (261 Christy)					swinging strop 70 2.41dz 0.72dz 0.36																								
moisturising cream					Dutton's (398 GD) entire entry																								
jar 2.15dz 0.97dz 0.35					DUTTON'S (1169 BGS)																								
CLAIROL (172 BMCL)					cough mixture .. 1.00dz 0.30dz 0.15																								
Nice N'Easy hair colour					1.60dz 0.48dz 0.26																								
0.288 0.13 0.55					DUVADILAN (1539 Duphar)																								
CODASPHEN (878 Napp)					ampoules 10 mg 2 ml 6 0.55																								
tablets 12					packs of 5																								
Coliacron (444 F.A.I.R.)					EKAMMON (1305 WB)																								
COLIACRON (1563 Enzypharm)					tablets 100 0.38 0.114 0.68																								
COLOPLAST (1364 HMS)					soluble 50 0.22 0.066 0.40																								
colostomy bags					EMLAB (848 Minnesota)																								
8 x 5 in 10 0.35					brewers yeast tablets 50 1.23dz 0.14%																								
8 x 5½ in 10 0.43					100 1.87dz 0.22%																								
10 x 6¼ in 10 0.60					250 3.10dz 0.37%																								
12 x 4 in 10 0.43					iron & brewers yeast tablets																								
12 x 5 in 10 0.50					50 1.23dz 0.14%																								
extra range					100 1.87dz 0.22%																								
8 x 5 in 10 0.50					250 3.10dz 0.37%																								
8 x 5½ in 10 0.58					Energen (1114 SEF)																								
10 x 6¼ in 10 0.74					ENERGEN (1438 RHM)																								
COMET (810 Maws)					EQUAGESIC (1352 Wyeth)																								
haircutter .. 0.305 0.09 0.63					tablets packs of 10																								
Regal .. 0.46 0.14 0.87½					ERASMIC (412 Eliida)																								
blades .. 1.46 0.44 0.15					shaving stick																								
(20pkts) (20pkts)					refill .. 0.83dz 0.25dz 0.11																								
COMPOUND "W" (655 ICC)					ESTEE LAUDER (425 ELC)																								
wart remover .. 1.17dz 0.36dz 0.16					Estee bath oil ½ oz 5.00																								
COREGA (1178 Stafford)					1 oz 8.50																								
denture powder 18 g 1.18dz 0.14					body cream 5.00																								
Corimist (1111 Corionel) existing entry					superpurse spray 2.25																								
CORIMIST (1111 Corionel)					wake-up mask 2.10																								
conditioner sachet 1.30 0.585 0.07					ETHISAN (312 AC)																								
(3 dz) (3 dz)					100 ml 0.107 0.032 0.20																								
bottle 2.08dz 0.935dz 0.34					FAMILIA (304 Costa)																								
conditioning hair set .. 0.74dz 0.335dz 0.12					baby food 2½ oz 0.63dz																								
hair spray 3 oz 2.13dz 0.96dz 0.35					13 oz 2.62dz																								
8 oz 3.34dz 1.505dz 0.55					Swiss Berchermuesli																								
12 oz 4.80dz 2.16dz 0.79					2½ oz 0.63dz																								
quick set .. 3.22dz 1.45dz 0.53					13 oz 2.60dz																								
shampoo sachet 1.22 0.365 0.06					FARLEYS (448 Farleys)																								
tube 1.64dz 0.49dz 0.24					baby dinner and sweet range																								
spray tonic .. 3.28dz 1.475dz 0.54					FENOX (147 Boots)																								
CORNEX (534 GT)					nasal drops ½ oz 1.00dz 0.12½																								
7 ml 0.07½ 0.02 0.14					FIBROSINE (655 ICC)																								
CORRIDA (Feraud) (480 FP)					balm .. 1.47dz 0.45dz 0.20																								
eau de toilette for men					FLEXOPLAST (1073 Robinson)																								
2 oz 0.70 0.32 1.60					elastic bandage adhesive																								
16 oz 2.70 1.22 6.00					B.P.C.full spread																								
atomiser 2½ oz 1.45 0.65 3.25					4 in x 3 yd 4404 4.961dz																								
COVEXIN 8 (208 BW)					6 in x 3 yd 4465 7.344dz																								
vaccine (vet.) 50 ml 1.05					B.P.C.half spread																								
100 ml 1.95					2½ in x 3 yd 4420 3.261dz																								
250 ml 4.10					wound dressing flexible B.P.C.																								
syringe pack 0.50					1½ in x 2 in 4260 0.450dz																								
box of 6 needles 1.50					factories pack assorted																								
Crowes Cremeine (751 LL)					4267 1.534																								
CROWES CREMINE (558 Halas)					wound dressings																								
tin .. 1.84dz 0.83dz 0.30					1½ x 1½ in x 144 4270 0.761																								
CROWN (1073 Robinson)					1½ x 2 in x 144 4271 0.903																								
wool felt 6 0.636dz					2 x 3 in x 144 4272 1.311																								
4680 0.902dz					2½ x 3½ in x 144 4273 1.737																								
4681 0.902dz					3½ x 4½ in x 144 4274 2.796																								
CUPAL (333 Cupal)					individually wrapped																								
bismuthated magnesium					¾ x 1½ in x 100 4374 0.577																								
ovals tins 2 oz 0.80dz 0.22dz 0.11½					¾ x 2½ in x 100 4375 0.647																								
ginger flavour,					¾ x 3 in x 100 4376 0.663																								
Friar Tuck 3 oz 1.10dz 0.18dz 0.15					1½ x 1½ in x 100 4370 0.836																								
CUTEX (256 CPL)					1½ x 2 in x 100 4371 0.913																								
Blinkers .. 2.53dz 1.24dz 0.45					2 x 3 in x 100 4372 1.270																								
CUTICURA (1491 Cuticura)					2½ x 3½ in x 100 4373 1.715																								
hand cream tube 3.08 1.35 0.15					flexible dressing strips																								
(40) (40)					¾ x 1½ in x 144 4275 0.494																								
CYCLOMET (180 BEP)					¾ x 2½ in x 144 4276 0.544																								
tablets 200 mg 50 0.32 †sls4A					¾ x 3 in x 144 4277 0.589																								
100 0.57 †sls4A					FORTIOR (878 Napp)																								
250 1.28 †sls4A					tablets 25 0.18																								
1000 4.74 †sls4A					150 0.90																								

	Trade £.p	Tax £.p	Retail £.p		Trade £.p	Tax £.p	Retail £.p		Trade £.p	Tax £.p	Retail £.p
RS (172 BMCL)	0.161	0.048	0.26	HYPON (218 Calmic)	0.64	0.19	0.11½†DDI	refill 28 cc	0.152	0.068	0.27
ion ..	0.254	0.076	0.41	tablets 10	(¹⁹ / ₁₂ dz)	(¹⁹ / ₁₂ dz)	0.36 †DDI	Rollette for men ..	0.189	0.085	0.35
r aspirin				50	0.20	0.06	0.77 †DDI	refill ..	0.162	0.073	0.30
lets dp500	0.351			125	0.43	0.13	0.09	stick ..	0.103	0.046	0.19 i
GUM (1333 WL)								stick for men 21 g	0.113	0.051	0.20 a
50	2.30dz	0.66dz	0.35	IBCOL (671 Jeyes)	0.98dz	..	0.12	NESTOSYL (115 Bengue)			
dp250	0.905			disinfectant 200 ml	1.32dz	..	0.18	anaesthetic oil	0.35	0.105	0.57½†a
E'S BALSAM (115 Bengue)				340 ml	2.02dz	..	0.94	aerosol	1.25	..	..
al 25 gm	0.13	0.04	0.21½	570 ml	0.80	..	4.20	dp500 g	..	..	..
dp500 gm	2.00			extra 1 gal	..	..	0.18	NIEGLOH (1154 DH&Co)			
less 25 gm	0.13	0.04	0.21½	5 gal	3.53	..	0.25	nail clippers			
IDE (115 Bengue)				INGRAM (172 BMCL)	0.110	0.033	0.18	9.9 cm N4/S	9.20dz	..	1.15 c
s 200 mg	1.20	..	1.59½a	shaving lather cream ..	0.152	0.046	0.25	11.0 cm N4/M	11.25dz	..	1.41
500	5.50			economy size ..	0.110	0.033	0.18	NIROLEX (147 Boots)			i
				"cool" brushless shave ..	..	..	0.18	125 ml	1.60dz	0.48dz	0.24
LAX (147 Boots)			i	INSIDOL (501 Geigy)	1.02	..	1.53 †s4Bc	gloves for men ..	0.185	0.026	0.38 i
500 ml	1.68dz	0.505dz	0.25	tablets 50 mg	..	..	d	NUBILACTUM (1600 SHL)			
OLIN (115 Bengue)				pack of 150	..	..	2.95 ●	cream aerosol ..	1.05	tax paid	1.85 c
ent 40 g	0.15	..	0.20 a	INSULEX (651 Insulex)	1.83	0.20	●	Nutrament (1498 MJ) existing entry			d
500 g	0.91			ice bucket 4 pt	0.80	..	3.94	NUTRAMENT (172 BMCL)			
ORNIAN POPPY (1102 Sanitas)			a	tablets 5 mg	100	0.80		liquid meal ..	0.208	..	0.26 i
me trial	0.82dz	0.37dz	0.13½	250	1.90	..		PASSIORINE (115 Bengue)			
standard	1.25dz	0.565dz	0.20	10 mg	100	0.85		100 ml	0.20	0.06	0.33 a
med Cologne ..	2.26dz	1.015dz	0.37	250	2.00	..		500 ml	0.73	0.22	
n powder ..	1.13dz	0.51dz	0.18	INTEGRIN (1599 Winthrop)	1.69	..	c	PEDOSAN (1514 Brocapharm)			c
SIL (1055 RM)				capsules 10 mg	500	8.22		callous plasters ..	2.35dz	0.70dz	0.36
skin tinted ..	2.00dz	0.60dz	0.30 c	250	8.92	..		corn plasters ..	2.35dz	0.70dz	0.36
DL (172 BMCL)			a	JEYES (671 Jeyes)	1.42	..	0.04½	PERTUSA (147 Boots)			c
tion hair				air freshener blocks (Whiz)	1.02dz	..	0.10	cough linctus 120 ml	0.67dz	0.20dz	0.10
ditioner ..	0.174	0.078	0.33	fluid 284 ml	1.61dz	..	0.16	240 ml	1.27dz	0.38dz	0.19
g Care creme				570 ml	2.94dz	..	0.29	PyOREX (115 Bengue)			
er rinse ..	0.027	0.012	0.05	1 gal	0.78	..	0.92	toothpaste 50 g	0.12	0.04	0.20 †a
r colour lotion ..	0.243	0.109	0.47	8 gal	3.34	..	3.94	RAVINA (1369 RW)			
N'Easy				toilet flats	1.84	..	0.06½	pony tail holders 226	0.96dz	0.29dz	0.15 ●
r colour ..	0.304	0.137	0.58	soft single ..	(3 dz)	..	0.12	258	0.96dz	0.29dz	0.15
ner Blonde lightener	0.263	0.118	0.50	double ..	(1½ dz)	..	0.05½	259	0.96dz	0.29dz	0.15
ZETS (324 Crookes)				babysoft single ..	(3 dz)	..	0.10	260	1.28dz	0.38dz	0.20
18	0.085	..	0.12½c	double ..	(1½ dz)	..	0.14	RENTOKIL (1047 Rentokil)			
CTOL (1333 WL)			i	manilla single	2.27	..	0.07½	woodworm fluid			a
ve 25	1.28dz	0.36dz	0.18½	double	2.09	..	0.14	quick drying 1 gal	..	..	2.60
50	2.20dz	0.63dz	0.33	toilet rolls	2.08	..	0.12½	5 gal	..	..	12.00
NEMA (115 Bengue)				babysoft twin	(1½ dz)	..	0.08½	RIDDOVYDRIN (1059 Riddell)			
ion enema				manilla	2.68	..		elixir 100 ml	0.22	0.08	0.38 †c
7 x 60 ml	2.00	..	2.67 TSa	toilet fittings	2.72dz	0.30dz	0.37	RODINE (1047 Rentokil)			
DERM N (324 Crookes)			i	plastic white ..	0.64	0.07	1.03	rat bait sachet (2)	..	..	0.25 c
% 10 g	0.315	0.095	0.17	porcelain white ..	0.78	0.09	1.26	large ..	..	..	0.75
N'S MRS (330 C&D)			i	coloured ..	0.98dz	..	0.09	71b	..	..	1.50
balsam ..	1.25dz	0.38dz	0.04½	JEYPINE (671 Jeyes)	1.30dz	..	0.11½	SANILAV (671 Jeyes)			r
plaster ..	3.60	1.08	0.02	disinfectant 200 ml	1.99dz	..	0.17½	425 g	0.96dz	..	0.09
the powders ..	(gross) 1.35	(gross) 0.41	0.02	340 ml	0.80	..	0.94	738 g	1.58dz	..	0.15
tablets ..	(120) 1.35	(120) 0.41	0.02	570 ml	3.53	..	4.20	SAVLON (649 ICI)			
tion laxative pills	(gross) 3.10	(gross) 0.93	0.04	1 gal	0.98dz	..	0.09	babycare			
ns stomach powder	(gross) 6.60	(gross) 1.98	0.08	5 gal	1.30dz	..	0.11½	napkin liners 50	2.24dz	..	0.28 ●
11.50	(gross) 3.45	(gross) 1.14	0.14	JUNIVITE (147 Boots)	1.90dz	0.82dz	0.33	100	3.68dz	..	0.46
singles	(gross) 1.40	(gross) 0.42	0.01½	childrens vitamin syrup 200 ml	1.60dz	..	0.20	SCORE (172 BMCL)			
UTAZOLIDIN (501 Geigy)				LANGS (373 DHL)	3.40dz	1.45dz	0.57	hairdressing 38 g	0.119	0.054	0.21
ks of 30 and 150	1.61	..	2.41½†s4BTS●	colour sprays 6 oz	2.40dz	1.03dz	0.40 i	80 g	0.196	0.088	0.35
816 Mayborn)			d	crystal clear wig spray 6 oz	1.90dz	0.82dz	0.33	SCRUBBS (671 Jeyes)			r
ash ..	1.20dz	..	0.15 a	16 oz	3.40dz	1.45dz	0.57	ammonia 540 ml	1.22dz	..	0.12
kit ..	4.00dz	..	0.50 c	mens toupee spray 6 oz	1.90dz	0.82dz	0.33	SEVILAN (580 DH&Co)			
(147 Boots)			i	16 oz	3.40dz	1.45dz	0.57	acne cream 40 g	..	..	d
and iron tonic				wig cleaning fluid 1 pt	3.00dz	..	0.43	STREPTAQUAINE (378 Dista)			a
250 ml	1.70dz	..	0.21	dry cleaning fluid 1 pt	3.40dz	..	0.53	1.0 g/2 ml 5	0.36	..	TS
500 ml	3.20dz	..	0.40	wig set gel sachet 4 oz	3.00dz	1.28dz	0.05	5.0 g/10 ml single	0.29	..	TS
501 Geigy)				10 oz	3.60dz	1.54dz	0.63	1.0 g/3 ml 5	0.36	..	TS
f 500 ml and 2 l	1.71	..	2.56½d	nail enamel drier 8 oz	3.00dz	1.28dz	0.53 i	5.0 g/15 ml single	0.29	..	TS
N (172 BMCL)				16 oz	4.80dz	2.06dz	0.83	1.0 g/4 ml 5	0.36	..	TS
K (147 Boots)	0.176	0.053	0.29 a	LEUCOVORIN (746 Lederle)	3.20	..	●	5.0 g/20 ml single	0.29	..	TS
S (1534 Fennings)	1.76dz	..	0.22	ampoules 3 mg/ml 10	..	..	d	SULEO (671 Jeyes)			r
n flavour for	1.38dz	0.41dz	0.19½c	MAFU (506 Gerhardt)	0.92dz	0.26dz	0.13½i	emulsion 80 ml	1.02dz	0.31dz	0.14
al stomachic ..	1.38dz	0.41dz	0.19½	insecticide strip 10	0.305	..	0.43 a	shampoo 8 ml	1.28dz	0.38dz	0.18
DRY (172 BMCL)			a	MEDOMIN (501 Geigy)	0.92dz	0.26dz	0.13½i	SUPAVITE (172 BMCL)			a
herbal				tablets packs of 1000	0.92dz	0.26dz	0.13½i	capsules 21	0.247	..	0.34
120 g	0.234	0.105	0.42	MEGGESON (1333 WL)	0.92dz	0.26dz	0.13½i	42	0.470	..	0.65
165 g	0.302	0.136	0.54	pastilles	0.92dz	0.26dz	0.13½i	84	0.833	..	1.15
28 cc	0.176	0.079	0.32	catarrh ..	0.92dz	0.26dz	0.13½i	TOFRANIL (501 Geigy)			
42 cc	0.219	0.099	0.40	cherry cough ..	0.92dz	0.26dz	0.13½i	tablets 25 mg 100	1.36	..	2.04 †s4B●
..	0.16	0.072	0.28	Gee's linctus BPC ..	0.80dz	..	0.10 DDla	pack of 50	0.71	..	d
ES (899 JND)				glycerin of thymol ..	0.92dz	0.26dz	0.13½i	10 mg 100	..	..	1.06½●
dp100	0.165	0.023	0.34 i	MUM (172 BMCL)	0.234	0.105	0.42 a	packs of 60 and 250	..	..	d
L (540 GOL)				aerosol 120 g	0.234	0.105	0.42 a	TRINURIDE (115 Bengue)			
..	1.30	..	1.95 ●	Cologne ..	0.349	0.157	0.69 i	tablets 100	1.31	0.39	2.14 †s1s4A
..	0.166	..	0.25	deodorant stick ..	0.103	0.046	0.19 a	500	5.70	1.71	†s1s4A
..	0.16	..	0.24	Intimist 120 g	0.252	0.113	0.45	TUSANA (147 Boots)			i
..	0.03	..	0.05	Rollette unperfumed 28 cc	0.172	0.052	0.29	125 ml	1.76dz	..	0.22
..	..	..	..	42 cc	0.214	0.064	0.36	VALETTE (373 DHL)			
..	..	..	..	refill 28 cc	0.15	0.045	0.25	colour sprays 6 oz	2.40dz	1.03dz	0.40
..	..	..	..	42 cc	0.213	0.096	0.39	16 oz	4.50dz	1.93dz	0.77
..	..	..	..	refill 28 cc	0.169	0.076	0.31	16 oz	4.00dz	1.71dz	0.67
..	..	..	..	42 cc	0.213	0.096	0.39	conditioner gloss 6 oz	2.00dz	0.86dz	0.34
..	..	..	..	refill 28 cc	0.169	0.076	0.31	16 oz	4.00dz	1.71dz	0.67
..	..	..	..	42 cc	0.213	0.096	0.39	conditioning balsam sachet	0.25dz	0.107dz	0.05
..	..	..	..	refill 28 cc	0.169	0.076	0.31	double life setting lotion 20 cc	0.75dz	0.32dz	0.13
..	..	..	..	42 cc	0.213	0.096	0.39	highlight foaming shades 30 cc	1.20dz	0.52dz	0.21
..	..	..	..	refill 28 cc	0.169	0.076	0.31	keratin acid cure 18 cc	0.60dz	0.26dz	0.10
..	..	..	..	42 cc	0.213	0.096	0.39	20 cc	0.60dz	0.26dz	0.10
..	..	..	..	refill 28 cc	0.169	0.076	0.31	30 cc	0.60dz	0.26dz	0.10
..	..	..	..	42 cc	0.213	0.096	0.39	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	refill 28 cc	0.169	0.076	0.31	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	42 cc	0.213	0.096	0.39	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	refill 28 cc	0.169	0.076	0.31	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	42 cc	0.213	0.096	0.39	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	refill 28 cc	0.169	0.076	0.31	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	42 cc	0.213	0.096	0.39	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	refill 28 cc	0.169	0.076	0.31	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	42 cc	0.213	0.096	0.39	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	refill 28 cc	0.169	0.076	0.31	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	42 cc	0.213	0.096	0.39	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	refill 28 cc	0.169	0.076	0.31	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	42 cc	0.213	0.096	0.39	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	refill 28 cc	0.169	0.076	0.31	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	42 cc	0.213	0.096	0.39	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	refill 28 cc	0.169	0.076	0.31	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	42 cc	0.213	0.096	0.39	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	refill 28 cc	0.169	0.076	0.31	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	42 cc	0.213	0.096	0.39	18 cc	0.60dz	0.26dz	0.10
..	..	..	..	refill 28 cc	0.169	0.076	0.31	18 cc	0.60dz	0.26dz	0.10

	Trade £.p	Tax £.p	Retail £.p	
VELTIS (115 Bengue)				<i>a</i>
cream				
perfumed 40 g	0.09	0.04	0.16	
70 g	0.13	0.06	0.23½	
unperfumed 70 g	0.13	0.04	0.21½	
Visdair (1143 SPL)				<i>d</i>
VISCLAIR (1143 SPL)				<i>i</i>
Visdair S (1143 SPL)				<i>d</i>
VISCLAIR S (1143 SPL)				<i>i</i>
VITALIS (172 BMCL)				<i>a</i>
57 cc	0.113	0.051	0.21	
114 cc	0.204	0.092	0.38	
200 cc	0.299	0.135	0.55	
WESCODYNE SURGICAL (115 Bengue)				<i>a</i>
germicide 500 ml	0.55			
4.5 l	3.30			

AMENDMENTS TO KEY TO SUPPLIERS

61	APC	= Armour Pharmaceutical Co Ltd, Hampden Park, Eastbourne, Sussex. 0323 34721
431	Eugene	= Eugene Ltd, 61 Hallam Road, Nelson, Lancs. Nelson 66611
1125	Selto	= Selto (Eastbourne) Ltd, 1a Myrtle Road, Eastbourne, Sussex. Eastbourne 28610
1505	MDCL	= Metropolitan Drug Co Ltd, P.O.Box 111, Sheffield. Woodhouse 3232

STOP PRESS.

CAMCOLIT (221 Camden)							<i>c</i>
tablets 250 mg	100	0.325	..	..	0.43½		
	1000	2.10	..	..	2.80		

CAMCOPOT (221 Camden)							
tablets	500	1.20	..	..	1.80		
CARDINELLI (226 CBP)							
eyelashes							
classique	..	0.49	0.22	0.90			
Reban (525 Golden)							
REBAN (525 Golden)							
setting lotion	..	0.88dz	0.40dz	0.14			
	..	3.54dz	1.60dz	0.50			
shampoo	sachet	1.23	0.37	0.09			
		(2 dz)	(2 dz)				
	bottle	2.82dz	0.84dz	0.40			
TAMPOVAGAN (221 Camden)							
penicillin, sulphanilamide and sulphathiazole	100	17.85dz	..	..	1.98		
penicillin 5000 iu							
TRANSPULMIN (221 Camden)							
ampoules	50	22.50dz	6.75dz	3.00			

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COMMENT

Seeking responsibilities

Several pharmacists have recently called for the profession to be given the right to counter-prescribe drugs which are at present restricted to prescription.

At the West Midlands Regional Conference a fortnight ago, Mr G. Teeling-Smith, director of the Office of Health Economics, asked that some antibiotics should be made available for this purpose; and at Stirling on Sunday (p 768) Mr D. Mair, a general practice pharmacist, asked both for antibiotics ("for a streptococcal throat, for example") and for local corticosteroids.

The third person to have sought an extension of the professions' responsibilities was Mr W. N. Darling, president of the Pharmaceutical Society, in his address to this year's British Pharmaceutical Conference. His call was for the pharmacist to be able to issue emergency supplies of certain medicines if he was certain that it was a reasonable supply and pending a visit of the patient to a medical practitioner.

But these are different issues, and there is a danger of their being confused. In the former, the pharmacist is asking for the right to prescribe potent drugs in cases where no clinical diagnosis has been made and where harm could result from a wrong judgment—and he must accept full responsibility for making the diagnosis.

Mr Darling's suggestion concerned supplies like one or two doses of an ergotamine preparation for an impending attack of migraine—a situation in which the diagnosis will already have been made and in which the patient is probably taking the drug being issued.

This is an entirely reasonable demand for the profession to make, and a function that is well within its competence. But it is a demand which will stand no chance of acceptance by the medical profession and the law makers if it becomes clouded by what they may see as an unacceptable extension of the pharmacists' role.

As Dr J. Chilton said at Stirling: "We should be sure the profession is fully fulfilling its present responsibilities in the public interest before we take on new responsibilities, the outcome of which may not be to our benefit."

A welcome decision

So the Department of Health and Social Security has finally declared that the idea of cost-related prescription charges raises sufficiently "serious practical difficulties" to be regarded as a non-starter (page 751).

The Government decision to drop the scheme, announced by Sir Keith Joseph earlier this week will certainly be welcomed in the pharmaceutical profession—and scarcely the less so because Sir Keith's statement indicated that the decision had been taken on considerations of expedience rather than ethics.

Whatever personal views may be held on the rights and wrongs of having prescription charges, the fact is that the threat of a virtually unworkable impost has been removed.

But it is equally evident that Sir Keith will not now receive the additional £15-16 million a year that was the projected gain from the cost-related levy.

Let it be said at once that we wholeheartedly agree with

the Department's decision, but we do think that the Minister has taken an inordinately long time in announcing the results of his discussions with the various professions concerned. Maybe the problem was in convincing his politically-motivated friends in the Government that the idea was a non-starter from the beginning.

Whatever the reason for the delay, the Government, the Department or perhaps the Treasury Ministers will still be looking for a way to bridge the gap that the cost related scheme was to fill. Inevitably, there is speculation that the next move is likely to be in the direction of an increased basic prescription charge.

However, it must be recognised that the cost of the pharmaceutical services—or rather the whole of the NHS—is a large item of public expenditure and with the advances in therapeutics, the increasing technology of medicine and the current economic situation the costs are likely to continue to rise.

Within such a context, any move to increase further the basic prescription charge would be a politically embarrassing one for the Government (after all, the Confederation of British Industry has made a certain pledge!).

The Government must accept the situation and find some means of proportioning the costs overall—for the public expect the best medical care to be available under the NHS.

To attempt arbitrary restrictions on use of the service merely by imposing higher prescription charges is not an enlightened way of approaching the problem. There is a need for some financial rethinking to allow the growth potential, both administratively and professionally to be achieved within the service.

At the same time, there is a need to ensure that those who use the service are given guidance to guarantee that the potential is not diminished by misuse. In that area the pharmacist can assist if he is encouraged to do so.

Something gained

The World in Action programme on aspirin (see p 752), had been preceded in pharmaceutical circles by so much rumour and counter-rumour that more problems were forecast for those pharmacists in retail practice.

Whatever the fears, the result was a programme that hardly mentioned retailing, concentrating rather on misuse by the public and the possible part that the manufacturers of over-the-counter aspirin preparations and analgesics played in that misuse with the Proprietary Association of Great Britain having the final word.

Any lasting effect of such programmes can be achieved only by the overall impression given to the viewer—someone, it must be recognised, who is unlikely to appreciate in detail all the statistics quoted.

It is, therefore, that overall impression that should be considered when assessing the programme. If it made viewers realise that medicines—even simple ones—can have some harmful effects and that they should not be "abused" then a gain has been achieved. That seems to be the appropriate assessment on this occasion.

PROFESSIONAL NEWS

Scottish Department, Pharmaceutical Society

Pharmacists' privileges—and their responsibilities

All privileged groups—among them the pharmaceutical profession—are now being asked to justify their privileges and to show that the public is getting "value for money".

That thought was put to a conference of the Pharmaceutical Society's Scottish Department on Sunday by Dr J. Chilton, senior lecturer in the department of pharmaceutical technology, University of Strathclyde. The conference theme was "The pharmacist's responsibilities and functions in relation to the public benefit."

Dr Chilton said that a general practice pharmacist might want the freedom to run his business as he thought fit, but professional judgment could be affected by commercial necessities—a person refused a product was unlikely to be grateful and might take his business elsewhere. It was no comfort to a pharmacist who had to close his business that he had always served the public interest. Nevertheless, if pharmacy was to be a profession, its members must undertake voluntary responsibilities outside the letter of the law.

Degree of control

The profession, through the Society, had a remarkable measure of control over its own affairs, particularly in matters of entry and education. The pharmacy graduate cost the State about £4,000 to produce and the profession should not be surprised if the public wanted to know whether it got value for money. Not only was he "expensive to buy" but he was also "heavy on maintenance costs," expecting the same salary as other university graduates regardless of the level of work in which he was engaged. And the burden of this remuneration, as well as of education, was falling increasingly on the taxpayer.

"There is a danger that the Pharmaceutical Society could be accused of asking the State for more money to educate the pharmacist to a higher level so that when the pharmacist qualifies he may in turn ask the State for more money for remuneration because he is so highly educated." The benefit to the public unfortunately does not come into this equation, said Dr Chilton.

The onus was therefore on the profession to justify the educational expenditure. The Society decided what the pharmacist should know, and the membership therefore had a moral right to say what he should do. But if the general practice pharmacist confined his activities to shop-keeping and the provision of minimum Part IV NHS services, Dr Chilton could see little justification for the present lengthy course or for the scale of remuneration that such education demands.

"We can only justify this if we can

show clearly that the modern pharmacist, as a graduate, is likely to behave in a more responsible and public-minded manner than a lesser educated man would do," he added.

Turning to hospital pharmacy, Dr Chilton said there were fewer ethical decisions to be made, but the role of the pharmacist was moving towards closer control of the medicine up to the point of administration to the patient. The ward pharmacist—an economic compromise with the ideal of checking every dose—was concerned with ensuring that the medicine given was the one ordered. It was but a short step, however, to deciding whether the treatment was the most appropriate for the condition—to becoming a consultant advisor in clinical pharmacology.

Dr Chilton warned that if the pharmacist was to enter the field of therapeutics he should consider the effect on his responsibilities and the repercussions of any possible mistakes from which the patient came to harm.

"Perhaps we should be sure the profession is fully fulfilling its present responsibilities in the public interest before we take on new responsibilities, the outcome of which may not be to our benefit," Dr Chilton concluded.

Planned service is 'workable'

The Pharmaceutical Society's proposals for a planned pharmaceutical service in health centre areas have been judged "mechanically workable" by representatives of the Scottish Home and Health Department, Mr D. C. Mair told the conference.

But, he said, the basis of the proposals was limitation of the NHS dispensing contract, and in these days of *laissez faire*, that was an anachronism. In return for this privilege, there would need to be a substantial extension of the hours of service and a deeper and wider sense of responsibility. There must be a reappraisal of supervision of medicine sales, and Mr Mair hoped the profession would be prepared to abrogate its rights to commercialism—though he admitted the difficulty while medicines were subject to the same advertising pressures as other commodities.

Recognition in the Medicines Act of the pharmacist's right to counter prescribe led the speaker to hope for an increase in that function, and an extension of the

medicines prescribable to include, for example, a restricted list of antibiotics and topical corticosteroids. Such a proposal might, however, require "a modicum of formal clinical training."

Mr Mair referred to the rejection by this year's Branch Representatives meeting of a proposal that "supervision" should be seen to be exercised by the pharmacist initially and dating medicines at the time of sale. Its adoption, he said, would have rendered unjustified a considerable amount of criticism of supervision. The pharmacist could also be seen in this role if he handed out completed prescriptions, ensuring that the patient understood the directions, rather than concentrate on the mechanics of dispensing.

The development of unit packs and the use of certified dispensing assistants would give the pharmacist more time with the patient—but manufacturers must design their unit packs accordingly so that the pharmacist's right to the person finally responsible for supplying the medicine was respected.

Using skills

Pharmacists in Scotland had been reluctant to certify technicians—possibly at one time for fear of dilution of the profession. But the use of more highly trained people was essential if the pharmacist was to make himself personally more available to the patient, and it could be said that the standing of a profession was in direct proportion to the calibre of its technicians.

Finally, Mr Mair added to the pharmacist's new responsibilities a role in health education. But he concluded: "It is the individual response of the pharmacist which ultimately determines the value of the pharmacist in relation to the public benefit."

Mr Mair's proposed extension of the pharmacist's armamentarium attracted the most criticism from the floor, Mr A. Cowan questioning whether antibiotics had any place in the treatment of minor ailments. Mr Mair replied that there were conditions such as a streptococcal throat which, when referred to the doctor, produced a prescription for penicillin G or V.

Mr Cowan said the penalty was now being paid for injudicious use of antibiotics in the past. Could the pharmacist recognise a streptococcal throat? Mr Mair, however, wished only to see the pharmacist more effective in the things he did already—he would normally give a lozenge in the case quoted, and with penicillin the "damage" had already been done.

Mr G. R. Milne pointed out that a doctor would have looked at the throat—would Mr Mair? Mr J. B. Grosset thought the pharmacist had a very potent armamentarium—he would not go beyond telling the patient to see the doctor if the condition was not resolved in twenty-four hours.

Earlier, Mr D. Davidson had main-

tained that the pharmacist should be separated from the public by one stage, as were other professions. Management training was required to help him to delegate completely. Mr Mair's opinion was that if the pharmacist was not last in the chain it would be difficult to justify his claim to be a graduate.

Mr D. Dalglish asked that the pharmacist should be specifically trained to take responsibility, particularly for his duties in the health centre. He should keep a second set of drug records and be in a position to question why a drug had been prescribed.

Mr G. Campbell could not accept an extension of hours of work—the one-man general practice pharmacist was available to the public for longer than other professions and not everyone could work in two- or three-pharmacist businesses. Mr Mair said he had been talking in the context of contract limitation. The doctor made arrangements for an alternative medical service when he was not available, and pharmacy must do the same.

Mr A. Roxburgh warned the profession to take care not to take on the role of giving advice outside its own expertise—the use of drugs in relation to their formulation and presentation.

Threat of the '70s

The main threat to pharmacy of the 1950s and 1960s, "one-stop shopping," has become in the 1970s, "one stop medical care," Mr W. M. Darling, president of the Society, said in his opening address to the conference.

Doctors were suggesting that health centres in the urban areas should have all the facilities of a hospital; apart from beds for in-patients. They felt strongly that the health centre should be the focal point for all of the Part IV services, plus many of the services at present provided by local health authorities and hospitals.

"Thus while the threat in the 1950s and '60s was to the 'over-the-counter' turnover in pharmacies, the emphasis in the 1970s will change to a threat to that part of the turnover of the pharmacy represented by income from prescriptions dispensed."

However, said Mr Darling, the scene was not totally gloomy, since the Standing Medical Advisory Committee's sub-committee had seen the advantages of the pharmacist working in the same premises or in close proximity to the doctor, and had also dealt with the potential effects of the development of group practice in health centres on the provision of pharmaceutical services in the community areas.

Mr Darling suggested that when a pharmaceutical committee was informed of the proposed siting of a new health centre it should ask why the site had been chosen.

"I am convinced that these questions would often gain support from the lay members who are, of course, there to represent the interests of the public. In almost every case it is likely, in my view, that if the site for a health centre is chosen with the interests of the public as a basis of selection, it will also be the best site from the point of view of pharmacy."

Disciplinary powers are sufficient

Suggestions that the powers of the Pharmaceutical Society's Statutory Committee should be revised or extended were opposed by Mr W. A. Beanland, chairman of the Ethical Committee, when he spoke on the committee's work at the Scottish conference.

Mr Beanland said that clarification of the term "misconduct" by statute would fetter the present discretion of the committee in its decisions. The committee only had power to remove a name or admonish, and it had been suggested that it should be able to suspend, fine or determine costs. Mr Beanland said that there was much to be said for suspension if the pharmacist was physically or mentally unfit, or if he was addicted to drugs or habitually intoxicated.

But fines or costs were punishments, and the Statutory Committee existed to maintain the purity of the register, not for the purpose of punishment.

In leading up to this conclusion Mr Beanland had set out the functions of the committee in some detail. The committee did not determine what was professional conduct in pharmacy, but reflected the thinking of ordinary members of the profession at any one time. In fact the committee only adjudicated upon professional misconduct and, therefore, any influence it had must be negative. Its decisions would give pause to those pharmacists not disposed to give regard to the professional conduct of their colleagues.

A safeguard

Quoting from the committee's chairman in 1951, Mr Beanland said that the committee's actions were not punishment but were to safeguard the reputation of the profession, and to ensure that the public had confidence in its ability and integrity. Mr Beanland added that the acceptance of standards was fundamental to any profession.

The committee's authority extended to those seeking registration for the first time and to those seeking re-registration after removal for non-payments of fees. It could inquire into the offences and convictions of unqualified employees and make a direction in respect of the pharmacist himself if he should have been able to intervene in the situation.

Act of Parliament referred to "in the opinion of the Statutory Committee," a wording which left the Committee unfettered in its directions—it was not even bound by its own earlier decisions. The committee could inquire into convictions of a body corporate if it were an authorised seller of poisons at the time; and if an employee or member of the board was guilty of an offence it could also inquire—a member of the board could be judged on the basis of his conduct had he been a pharmacist.

Referring to the Statement Upon Mat-

ters of Professional Conduct, Mr Beanland said that it was for guidance, and a breach would not automatically mean an inquiry by the Committee. In any case the Committee would give the statement the weight that seemed appropriate, but it was the best evidence of what was accepted practice in the profession. Mr Beanland suggested that pharmacists should follow the rules because they thought it right to do so. "Anyone who orders his life on the principle that he will obey no rule unless he can be compelled to do so should not, in my opinion, seek to join the ranks of any profession."

"If you have to ask yourself if you can properly do a thing the answer must surely be no, whether or not it is covered by any code or statement."

High Court's view

Mr Beanland quoted from decisions which showed that the High Court believed that it was the intention of Parliament to make the Society's Council, as representative of the profession, masters in their own house. A decision of the Statutory Committee was said to be entitled to the greatest possible respect because the Committee knew what was the standard of the profession. Only in an extreme case would the High Court interfere with a penalty which the professional body had inflicted for a very good reason.

Mr Beanland then outlined developing attitudes to certain matters of conduct over the years, including advertising of dispensing services and inter-professional relationships. Decisions of the committee had shown that the pharmacist must acquaint himself with changes in poisons legislation, he said. On supervision, a High Court case had shown that the pharmacist must be present for a "substantial part of the time," but Mr Beanland held that "personal means personal and control means control," which could only be exercised when the pharmacist was actually present. In Mr Beanland's view it could not then be right for the pharmacy to remain open when the pharmacist was away at lunch time.

FILMS

Winemaking in the modern home. Grey Owl Laboratories Ltd. 16mm. Colour. Sound. Running time 16 minutes.

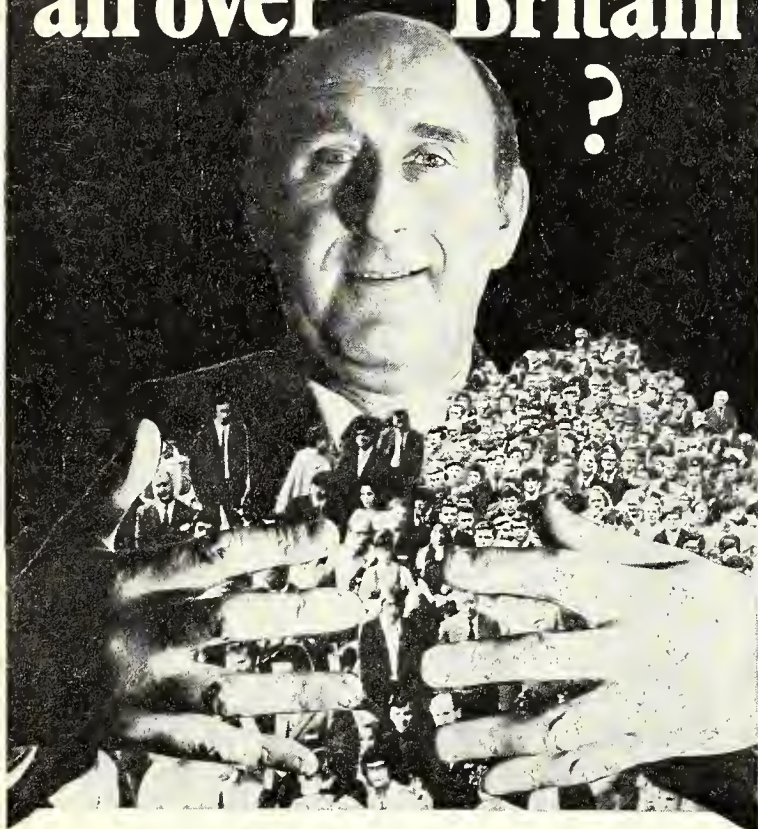
This film shows how amateurs can make first class table wines using simple kits. It shows research and quality control work in the laboratory, the production of ingredients for beginners, kits and wine being made from the kits. It dispels ideas that winemaking is a complicated subject necessarily involving a large range of apparatus.

The film is intended for showing to clubs and societies whose members may be interested in home wine-making, but are not, as yet, experienced winemakers.

There is no hire charge, but borrowers are asked to bear the cost of postage, usually some £0.25 each way. Inquiries should be addressed to Rank Film Library, PO Box 70, Great West Road, Brentford, Middlesex.

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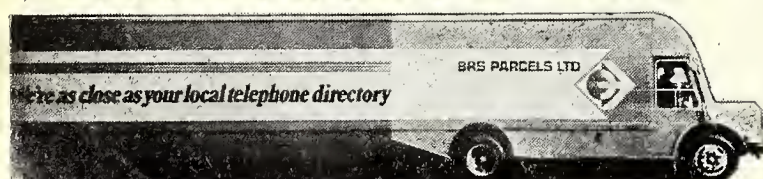


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Chiltern Region discuss medicine substitution: Is it petty larceny?

"Medicine substitution in pharmacy is proving an emotive subject. In one branch substitution is simply petty larceny and in another it has the approval of the government. In fact, half of the profession appears to have given a new slant to the word."

With those remarks Mr J. K. Wilson, chairman, Chiltern Region of the Pharmaceutical Society introduced a debate on the pros and cons of substitution at the region's third conference, which was held last week at Harrow.

On the platform to answer questions were Mr Desmond Lewis, secretary and registrar, Pharmaceutical Society; Professor A. H. Beckett, head of the department of pharmacy, Chelsea College, and a member of Council; Dr A. Richens, division of clinical pharmacology, St Bartholomew's Hospital; Mr J. W. Hadgraft, group chief pharmacist, Royal Free Hospital; Dr I. Michaels, proprietor pharmacist, Ealing; and Mr F. Goulding, director, Pfizer Ltd (representing the Association of the British Pharmaceutical Industry).

Definition

To open, Mr Lewis was asked for a definition of the word "substitution", as it applied to medicines, and for a review of the surrounding circumstances in the use of the word.

Mr Lewis said the word was imprecise and confusion existed. It was applied to four different circumstances, only two of which were relevant—the substitution of a proprietary medicine with an official drug and "patent breaking, which may not be substitution at all."

The dictionary offered the following meaning: "The dishonest replacement of one article of commerce by another, usually of inferior quality, or one manufacturer's goods for another's."

Had a pharmacist the right to supply (or substitute) an equivalent B.P. preparation for a proprietary one? he asked. Section 13 on Matters of Professional Conduct was quite clear—dispense exactly in accordance with the prescriber's wishes.

In practice, most dispensing was done under NHS on an EC10 form.

The contractor's terms were that he must supply exactly as prescribed. If there was an emergency and he was out of stock he could contact the prescriber and explain the situation. With the doctor's permission, and subsequent endorsement, he could make the substitution. In any other situation than that he was in breach of contract. Standing orders to substitute at any time were not allowed, unless confirmed on each occasion in writing.

In hospital practice the arrangement was substantially different; there was often a general instruction to substitute with an official drug. The pharmacist was protected by the fact that the hospital was Crown property.

What harm did substitution do? Industry had to live and the profit on official

products was quite insufficient to maintain a research-based industry, he added.

What harm did substitution do to the patient? For some of the newer drugs the classical monographs in the BP were inadequate. The result was that two samples of a drug could both conform to the BP yet differ in biological availability—"the in-phrase today."

Professor Beckett said it was important during the discussion to distinguish between the active principle and the product containing the active principle.

Mr A. King. Finchley, disagreed with the interpretation of substitutes. They were not, he said, necessarily inferior. Difficulties of supplies often occurred at weekends and he instanced insulin where a particular make might not be in stock. He would have no hesitation in giving an equivalent product of another maker and tell the doctor afterwards.

Dr Michaels agreed that such events took place, but reminded him of the emergency clause already mentioned.

Dr Richens said it need not be assumed that the doctor always knew the best product available for his patient in terms of biological availability. The doctor was often influenced by the "drug company's advertisements and articles in the medical press."

Industry's opportunity

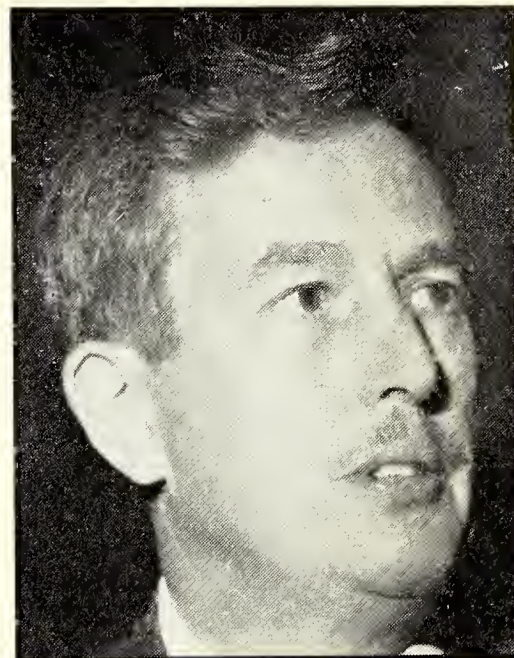
Mr Hadgraft said the story of bio-availability had been a "heaven-sent opportunity to the industry. . . . The fact that one can never suggest that preparations have something specific to them that can only be defined in terms of their brand name is in fact a method by which the pharmaceutical industry can perpetuate its interest in a product after the expiry of its patent, and maintain inflated prices for it."

Mr R. Jackson, West Metropolitan, asked how manufacturers could claim that their product was better than a competing one and could the firms not give more information to the BP?

Mr Goulding replied that the makers had to show a profit for their shareholders. Why should they give the information away free so that some one could pirate their work? The industry had an excellent record for exports. Makers did not lay claims that their products were better than their competitors.

Professor Beckett said that he was not "anti substitution" but he did not want substitution unless he could be assured the patient was not going to suffer by the substitution.

"Only when we have the correct information that anything in the future



Professor Beckett

released by the statutory body complies with the standard of biological availability can we be a driving force for substitution," he added.

Dr Richens referred to the now classic case of phenytoin in Australia where the excipient was changed with unexpected and alarming results. If that could happen with other drugs, then substitution should not be performed until more was known.

Arising from a point made by Miss A. Day, Harrow, the chairman inquired if anyone got complaints that the products dispensed by them were not the same as had been dispensed at the hospital.

Mr King said this was a frequent occurrence and he would prefer to see all medicines labelled with their generic name. Confidence was often undermined through different-looking preparations being dispensed.

Mr Hadgraft added that in hospital practice it was impossible to follow slavishly every brand name written on the prescription. It would hold up the work of the department, and delay the supply of medicines when they were desperately needed.

Professor Beckett interposed, saying that it was accepted that problems arose when formulations were changed, and since the statutory body had not asked for the relevant information and was only getting around to doing so, surely it was incumbent on the pharmacist to say to the Department of Health: "By all means we will go for the cheaper product, provided you can guarantee that its necessary quality has been demonstrated."

Is one entitled to alter the directions of a prescription where these conflict with the usual pattern? asked Mrs Patel, Harrow. No, replied Mr Hadgraft, but the "error of his ways might be pointed out to the doctor."

The conference was attended by 113 members and students. The chairman mentioned that it was the first time that the conference had been arranged on a weekday evening. The attendance, he said, provided ample evidence to the committee that "we should leave Sunday free in future."

'More to fear from group practice'

Whereas with sympathetic assistance from local authorities, pharmacy can come to terms with the health centre problem, it is difficult to see how anything short of a completely planned health service can cope with the problems of private re-organisation of medical practice.

That opinion was expressed by Mr D. H. Maddock, a member of the NPU Executive, at a "professional dinner" of the Bournemouth Branch of the Pharmaceutical Society last week.

Mr Maddock summarised the research that had been carried out into the health centre problem (*C&D*, March 27 and April 3) and warned of the type of situation that occurred in Cardiff when the local council had invited a multiple chemists to choose a site in a shopping precinct containing a new health centre. The site chosen would prevent any other unit being an economic proposition for a pharmacy, he said.

This commercial mode of approach could have far-reaching implications in the returns of pharmacies throughout the city. If pursued in another area it could result in the closure of up to a dozen pharmacies.

Referring to the recent paper by the Central Health Services Council sub-committee on the reorganisation of group practice—which accepted the view of the Pharmaceutical Society concerning the closer working of doctors and pharmacists—Mr Maddock said that careful reading showed that the report recommended experiments in receptionist-training to cover such technical procedures as urine analysis and erythrocyte sedimentation rate. "Surely it is amazing when one considers that a great part of the £5,000 spent on the training of a pharmacist is spent on precisely this kind of activity."

Mr Maddock pointed out that proposed Common Market harmonisation directives specifically stated that the pharmacist should be able to conduct these procedures—the pharmacist should be allowed to utilise as much as possible of his expensively-acquired knowledge leaving the medical practitioner to devote his valuable time to more profitable use.

Mr Maddock concluded by revealing the results of a study of prescriptions dispensed in his group during the past month. In one pharmacy dispensing for more than 50 doctors, 47 per cent of the prescriptions were written by a receptionist, and in a pharmacy dispensing for 108 doctors, 37 per cent of prescriptions either did not have directions for administration or were otherwise found to be incorrect.

The first speaker at the dinner had been Dr Ronald Gibson, immediate past chairman of the British Medical Association. He reviewed the developments of medical practice from the 13th century to the

present day in order to show how general practice had in many respects fallen behind hospital practice. With the advent of free medicine, standards in general practice had fallen and the end of family doctoring had been in sight. However, recent changes had meant a move from "family doctoring" to "family care" and from "treatment" to "total care," of which treatment was only a part. "I would have hoped that this team could one day include social workers and pharmacists because you are as much a part of total care as we are."

Dr Gibson said that the future must lie in a greater emphasis on community care of the patient in his own home, combined with open access to hospital services—this would be better, more effective, more satisfying and would decrease

both hospital beds and costs. But the general practitioner may have to give up some of his work in total care and would not always be the leader of the team.

Nevertheless, Dr Gibson deplored the fact that proposals for reorganising the Health Service administration would divide care into two—health and social security—for entirely political reasons. Two decades had been spent bringing integration into the profession, and it might take another two decades to right the resulting new division.

But even with its deficiencies the NHS was an exciting concept which had brought infinite good to the population of these islands and must never be allowed to fail. "Though that is not to say that we should not strive more ardently to keep it alive," Dr Gibson concluded.

Quality control and the production line

"One of our prime responsibilities as pharmaceutical manufacturers is to ensure, by the application of adequate standards of manufacture, that as far as possible medical practitioners can rely on the purity and efficacy of the substances they prescribe and that the public can similarly rely on the home remedies purchased over the counter."

That was the contention of Mr H. Aldous, Burroughs Wellcome & Co, at a conference sponsored by the Association of the British Pharmaceutical Industry, held at Interphex '71, last week.

The conference topic was "Security in the packaging and labelling of drugs" and Mr Aldous stressed the contents of a section of the Code of Good Pharmaceutical Manufacturing Practice, drawn up by the Government.

Trust was a keyword, he said.

When the line stops

A critical condition for security failure was when a production line of several machines was stopped. There was a loss of concentration among operators and people were readjusting.

Mr A. E. Grady, Beecham Research Laboratories, referred to an ABPI survey. The 52 pharmaceutical companies involved, produced a total of 600 million individual packs annually, comprising 19,000 different products, presented in almost twice as many packed forms.

The survey illustrated the frequency with which problems occurred with the use of cut labels. No fewer than 18 companies included were now using roll-fed labelling and many others expressed interest in this method.

Mr Grady outlined what he called the "conflict situations" that arose.

The need to standardise packaging material was one such situation. In opposition to this was the apparent need to introduce product differentiation to aid the detection of errors.

There were difficulties with conforming to pharmacopoeial standards. A statistical approach to sampling had to be adopted. What is an acceptable statistical probability of error? he asked.

Another problem was rationalising export packs to enable longer production

runs and larger batches to be used.

In the discussion that followed the chairman, Mr F. G. Rundall, Burroughs Wellcome & Co, said, "In our industry a million-to-one chance of something going wrong is not good enough. That would mean 12 mix-ups a week in the country."

Fault detection in inspection operations could be affected by a number of factors including, confidence, fault level incidence, timing and rest pauses. Attention to those points could achieve improvements both at operator and inspection level.

Those were the main points made by Professor R. J. Beishon, of the Open University, when he examined the human factor in packaging operations.

Professor Beishon, an industrial psychologist, thought that it was important to ask how abilities of the work force could be used best and deficiencies coped with. Social interactions were important at work and studies could reveal many interesting influences within a group in a factory.

Production versus inspection

Conflicts between different groups, for instance between production and inspection teams, may be exposed. It was important to build into the system rewards as an incentive for good quality control; even among those concerned purely with production and not checking.

He said that working periods in Britain were far too long and that efficiency at tasks was markedly reduced, often after only a period of about 10 minutes.

More short breaks would improve performance enormously, although the total length of rest periods need not necessarily be greatly increased.

Where possible the thing to do was experiment. A more flexible, relaxed atti-

Continued on page 774

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Continued from page 772



Mr F. G. Rundall, Burroughs Wellcome & Co, chairman of the session on security in the packaging and labelling of drugs, at Interphex, stresses the importance of subject whilst Mr A. E. Grady (centre) and Mr H. Aldous (right) look on

tude should be adopted if possible.

The level of detection efficiency is related, he said, to the frequency with which a fault is detected. It might be advantageous to introduce recoverable, artificial faults to stimulate inspection, but this needed careful forethought.

Filtration and reverse osmosis

The problem of producing water in a purified form for pharmaceutical application were discussed by J. Weston and J. Brown, Millipore (UK) Ltd.

Mr Weston emphasised the tendency of water to return to a contaminated state.

Filtration techniques were better than distillation for removing particulate matter, he said, as filtered water could be available as a continuous stream eliminating storage problems.

He criticised ultra-violet light sterilisation techniques saying that the depth of penetration depended on the nature of the target material. Water was extremely variable and this method could not be assured to result in sterilisation.

With filters, if the pore size was small enough, all water borne particles were eliminated.

Screen filters of regular synthetic porous material could give an absolute rating to pore size and hence particle size. They have a rapid rate of flow.

Depth filters consisting of a tortuous maze of passages through a matrix of fibres relied on inherent random adsorption and mechanical blocking. Such filters had a high dirt handling capacity.

He described how micro-organisms followed the course of least resistance. Eventually clogging could occur. Pressure exerted pushed particles into the bed.

"Grow through" problems could develop where successive generations of bacteria in the filter gave rise to some passing into the filtrate.

The speakers described a Millipore system including continuous sterilisation by re-circulation.

The topic of reverse osmosis was dealt with by Mr J. B. Goodall, of the Elga Group of companies.

At the name suggested it was a reversal of the natural process of osmosis. A pressure was applied to the more concentrated solution to exceed the osmotic pressure. That resulted in solvent passing from the stronger to the weaker solution.

To prevent the semi-permeable membrane from rupturing it was supported by a porous plastic plate.

The concentrated solution was continually bled off through a valve.

Mr Weston explained that there were several advantages to positive pressure filtration when it was compared with the vacuum method. No intermediate vessels were required and there was no blow back from the vacuum pump.

Plants were used in two different ways—to concentrate valuable materials, or to purify liquids.

Water could be purified and bacteria and viruses removed. In the pharmaceutical industry reverse osmosis was used for concentrating (dewatering) and the separation of high molecular weight substances from low valency inorganic salts.

Four designs of plants were commonly known today, he said. There were spiral and tubular designs and a system similar to the plate and frame filter press. The fourth type consisted of hollow nylon fibres packed into a vessel. Water permeated through the fibre walls and passed down the lumen.

Cellulose acetate was the usual membrane employed and several factors affected the life of this membrane. Alkali conditions were unfavourable.

One of the main uses of the process was the production of ultra-pure water. It was a good method for making sterile water and removed pyrogens, said Mr Goodall.

Equipment

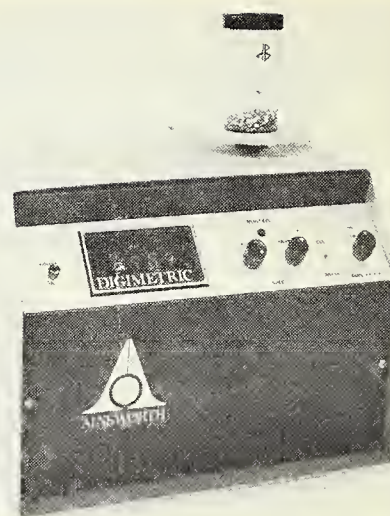
Electronic weighing

A range of balances employing a novel weighing technique, was recently displayed at the US Trade Centre, London.

The Ainsworth Digimetric balances employ electronics in place of substitution weights or springs. Hence the manufacturers claim they are more durable, faster and more convenient in use.

An orthodox beam is employed. At one end the load is carried and at the other there is a coil which passes through a permanent magnet. Associated with the coil are three plates providing a system of known capacitance.

The presence of a load disturbs the beam and the capacitance. As a result a correcting current is passed through the coil which electro-magnetically endeavours to restore the beam to its original position. The current gives rise to the weight reading on the digital panel.



The digimetric Junior 20D has two ranges 2,000 and 200 g. In the lower range it reads to 0.01 g. With this model there are no optional extras.

The balances are at present being imported by C. I. Electronics Ltd, Brunel Road, Churchfields, Salisbury, Wiltshire. The company hope to make the balances in Britain at a competitive price, in the near future.

NOTES ON NEW MEDICAMENTS

Tavegil

Chemistry: 1-methyl-2-[2- α methyl-*p*-chlorodiphenyl methoxy ethyl] pyrrolidine hydrogen fumarate.

Approved name: clemastine.

It has also been referred to as meclastine and mecloprodine. The drug is a new antihistamine, with a specific action, as it antagonises both endogenous and exogenous histamine, yet it has no appreciable antagonist effect on serotonin or acetylcholine.

The compound is a benzhydryl ether, a type of structure found in a number of antihistamines, but clemastine is characterised by its high potency, prolonged action, and reduced sedative effects on the central nervous system.

The drug is reported as effective in some cases of perennial vasomotor rhinitis, a condition that is often resistant to treatment.

Dixarit

Chemistry: 2-(2,6-dichlorophenyl amino)-2-imidazoline hydrochloride.

Approved name: clonidine.

It is a powerful anti-hypertensive drug, lowering the blood pressure by reducing the cardiac output and vascular resistance. In small doses, it reduces the sensitivity of the peripheral vessels to both constrictor and dilator nerve impulses, and that has led to its use as a prophylactic in the control of recurrent vascular headaches and migraine.

Response has been effective even in patients refractory to conventional therapy, and in this field the drug represents an advance of considerable interest.

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Irish students told of new opportunities

"April 1 next will be the first step in raising pharmacy to the image we are anxious to achieve. It will give us the opportunity of engaging in truly professional activity," the president of the Pharmaceutical Society of Ireland, Mr R. J. Power, told the annual meeting of the Irish Pharmaceutical Students' Association in Dublin on November 5.

The new Health Services in which pharmacists have voted to participate, will come into operation in the Eastern region on April 1, 1972.

Describing the decision as "the most significant event of the year", he said that basically it was not a question of economics, however important, that pharmacists would now be supplying medicines to the lower income group. The most important aspect was that for the first time Irish pharmacists were being accepted as the only drug experts.

In reply to a student's question, Mr Power said he could not see a situation arising in any area in which two out of three pharmacies would have to close because of the removal of commercialism and the concentration on pure pharmacy which would develop over the next 15 years. He envisaged that as the economics of pharmacy improved it might be possible to establish group practice.

Mr Power announced that negotiations were proceeding between the specially appointed Committee charged with drafting a constitution for the new Pharmaceutical Union and the Irish Drug Association and said it was expected that the formation of the new Union would take place in the near future. During the year, negotiations with the Hospital's Commission had been finalised and it had been accepted by the Department of Health that voluntary hospitals would now accept pharmacy students to do their year's practical training at a salary of £750.

That was an important development. With the regionalisation of hospitals in Dublin, Galway and Cork, he hoped the Minister would accept the principle of representation on those Hospital Boards. This would give pharmacies a voice in the running of these hospitals because, from the students' point of view, hospital work could be a lucrative outlet.

"I want to see the pharmacist function as a pharmacologist because if they do not impress the hospital authorities with their skill they could be regarded as little better than artisans."

The president said that another important outlet for the Degree pharmacist was the field of industry, and while the economics of pharmacy at present might not be as rewarding as they would wish, he regarded the new development in hospital pharmacy as a major break-through.

Answering another student, the president said the Society would investigate what could be done to equip students academic-

ally to deal with veterinary medicines. The student had pointed out that in his year's practical training he was able to speak with knowledge in relation to drugs for human use, but when it came to animal preparations he found himself at a loss.

Mr John Forristal, the liaison secretary, appealed to pharmacists to participate more actively in the student-exchange scheme organised by the International Pharmaceutical Students' Federation. The scheme enabled students and young pharmacists to broaden their professional horizons by observing and working in pharmaceutical establishments in other countries. In recent months seven Irish students had taken part in the scheme. To enable such an arrangement to work successfully a number of host pharmacists was essential and he regretted to report that only one host pharmacist could be found in the Republic in recent months.

It was imperative that the Association should seek the active assistance of the professional bodies in pharmacy with a

view to improving the present situation.

Mr Forristal said he wished to endorse an appeal at the annual International Pharmaceutical Students' Federation Congress in Copenhagen last August that left-over, unused medicines should not be disposed of by patients through drains and waste disposal pipes. At the Congress a suggestion had been made that community pharmacies should act as receiving depots for these unused drugs and medicines. One important aspect of such a campaign was the removal of dangerous drugs from the reach of young children. He believed that Ireland and Irish pharmacy students could gain untold benefits from IPSF activities, and for this reason he recommended that the Association send delegates to next year's Congress in Jerusalem from August 15-25.

As a token of appreciation of his activities as president of the Association, Mr Forristal was presented with a replica of the presidential medallion by the new president, Mr Sean Meade.

IDA members discuss VAT

A Revenue Commissioner official, Mr John Kirwan, was taken to task by two Dublin pharmacists when he disclosed at a meeting organised by the Irish Drug Association on November 3, that, to determine what constituted a medicine, the Revenue authorities had consulted the British Pharmacopoeia and Chambers' Dictionary.

Mr T. R. Miller told Mr Kirwan that it was a pity they had not consulted the only people who really knew what a medicine was—the pharmacist. "It would have saved a lot of trouble", he said. Mrs Mary Drugan, Kilbarrack, said the only person fully qualified to define a medicine was a pharmacist.

The meeting, at the Intercontinental Hotel, Dublin, had been arranged to provide an explanation of the operation of value added tax.

Mr Kirwan explained that medicines had been exempted by law from wholesale tax but when the Revenue authorities set out to find out what a medicine was nobody could help them. Apart from consulting the British Pharmacopoeia and Chambers' Dictionary they rang up the Department of Health and asked them what a medicine was but they were very vague about it.

Under VAT it was proposed to apply the lower rate of tax (5.26 per cent) to medicines for human use, excluding items such as soaps, shampoos, detergents and bleaches.

Mr R. C. O'Higgins pointed out that many antiseptics were used for operation purposes and argued that these could be included as medicines.

Mr Kirwan said the difficulty was the clash between social reasons and administrative reasons. Sometimes the social reasons won and sometimes the administrative ones. For social reasons they would prefer to allow preparations in the anti-septic area into the lower tax bracket but antiseptics were not consumed and they would be liable to the higher rate (16.37

per cent). "We have sympathy for the case, but whether we could work it is another story".

Mr Jack Travers said the new tax would greatly affect the liquidity of the wholesalers and this in turn would affect the credit allowed pharmacists. He was shocked to hear that baby creams and such preparations were not being regarded as medicines.

Mr Kirwan agreed that liquidity would be affected in the case of manufacturers and wholesalers who had not been paying tax. Representations had been made by numerous bodies about this and they were currently being passed to the appropriate quarter.

He added that in regard to medicines the tax would be exactly the same as operated under the turnover and wholesale tax systems. They would hope the Irish Drug Association would make representations. They would be very happy to receive representations on any aspects of the system before the Bill became law.

Mr O'Higgins said that community pharmacists were generally "one man businesses" and he wondered if allowance would be made by the authorities in any delays in making returns because of holidays or illness?

Inflexible computer

Mr Kirwan said that while the computer did not make allowance for illness the authorities would be reasonable with people who made it their business to make returns regularly. He urged pharmacists to segregate the preparations bearing the different tax rates at the point of sale.

Mr John Burke, who presided, said they would be in touch with the wholesalers in an effort to simplify matters in the issuing of items on statements of accounts and invoices. They would also negotiate with the Department to get the lower rate for more medical preparations.

The new scheme is due to come into operation on March 1 next.

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Difficulties in coding of medicines

Difficulties in applying codes to all solid medicines and the wisdom of doing so when the goods are often imported or exported are mentioned by Council of the Pharmaceutical Society of Great Britain in an interim report on Resolutions passed at the Branch Representatives' meeting in May.

The relevant resolution, with amendment, asked the Secretary to examine the possibility of pressing for legislation to provide that all solid dosage forms of medicinal products have embossed or printed on them, for identification purposes, and, in addition, to any other marks which the manufacturer might use, a five-figure number allocated to the product by a central controlling authority.

The resolution was referred to the Industrial Practice subcommittee. They submitted that:

□ It was unlikely that *all* manufacturers—including those who made non-proprietary tablets and capsules—would have the equipment necessary to print a five-figure number on each tablet or capsule.

□ Tablets and capsules were imported into Britain and it was questionable whether it would be possible to have what was termed a "British code" embossed or printed on these products in every case. The overseas manufacturer would face the same problem as a British manufacturer who exported tablets and capsules. Certain foreign markets had their own requirements and if batches of those products had to be manufactured for distribution only in Britain, costs would be bound to increase.

□ If the proposal in the Resolution were implemented, the question of whether a five-figure number on a very small tablet could be read must be considered. In additions, if there were any faults, even of a minor nature, in printing or embossing a code designed for identification on any tablet or capsule when each number is of equal importance, the whole value of the coding would be lost. On the other hand when the name of a product was printed on a tablet or capsule, any blurring of one or two letters was not of vital importance since it was normally still possible to recognise the name.

Although the Council was sympathetic to the thinking behind the resolution, they considered that the practical points made by the subcommittee were extremely important. In particular the point relating to the coding of imported tablets and capsules, and stocks designed for export from Great Britain, was "very relevant." The Council were of the opinion that the problem would only be overcome if a coding scheme were accepted internationally and it was proposed to raise the question at the Industrial Section of the *Federation Internationale Pharmaceutique*.

On some of the other resolutions passed in May the Council say that a list of suitable research topics was being compiled for pharmacists in general practice

wishing to participate in some study or research into aspects of the practice of the profession.

Council give support to the suggestion that the label of every dispensed medicine include the date of dispensing.

A scheme for the practical implementation of a resolution which sought to limit the amount of medicine to 28 days' supply, had been drawn up and approved by the Central NHS (Chemist Contractors) Committee and it was now proposed to make a joint approach to the British Medical Association.

COMING EVENTS

Tuesday, November 23

Doncaster Branch of the Pharmaceutical Society, Doncaster College of Technology, Waterdale at 8pm. Dr Jean Olley, lecturer in pharmacology on Drug Addiction and Abuse.

Leicester Branch of the Pharmaceutical Society, Post-graduate Medical Centre at 8pm. Mr C. C. B. Stevens (member of Council) on Pharmacy and the Common Market.

Plymouth Branch Pharmaceutical Society, Tamar Hotel, Crownhill, at 8pm. Secretary's social evening and "talent" night.

Warrington Branch of the Pharmaceutical Society, Hill Cliffe Hydro, Appleton at 8pm. Mr P. Maljnn on Perfumery.

West Hertfordshire Branch of the Pharmaceutical Society, The Dawson Room, Marlowes Baptist Church, Marlowes, Hemel Hempstead at 8pm. New members evening and branch resolutions.

Went Kent Branch of the Pharmaceutical Society, Wellcome Research Laboratories, Langley Court, Beckenham at 8pm. Mr J. P. Kerr (vice-president, Pharmaceutical Society) on Talking Pharmacy.

Yorkshire Branch of the Guild of Hospital Pharmacists, The Wharfedale, Tadcaster at 7.45pm. Mr W. Beanland (member of Council, Pharmaceutical Society) on Substitution.

Wednesday, November 24

Bournemouth Branch of the Pharmaceutical Society, Walkford Hotel, Highcliffe, Bournemouth, at 8pm. Annual skittles match against Southampton Branch.

Dundee Branch of the Pharmaceutical Society, Panmure Suite, Chamber of Commerce, Dundee at 8pm. Dinner dance.

Leeds Branch of the Pharmaceutical Society, Parkway Hotel, Otley Road, Leeds at 7.30 for 8pm. Annual dinner.

Thursday, November 25

Bristol Branch of the Pharmaceutical Society, Dyrham Lodge, 16 Clifton Park, Bristol at 8pm. Mr John Cooper, Bristol Museum, on Antiques.

Pharmaceutical Society and British Society for the History of Pharmacy, 17 Bloomsbury Square, London WC1 at 6.30 for 7pm. Professor G. R. Paterson, University of Toronto on Perspectives in Canadian Pharmacy.

Friday, November 26

Croydon Branch of the Pharmaceutical Society, Greyhound Hotel, Croydon, Surrey, at 8pm. R. Dickinson (assistant secretary, Pharmaceutical Society) on Practice and Education.

Society for Analytical Chemistry, Imperial College, South Kensington, London SW7 at 2.45 pm. Annual meeting. At 3.30pm scientific meeting. Professor W. Simon, Eidg, Technische Hochschule, Zurich on New Ion-selective Electrodes.

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MARKET NEWS

Brazilian menthol turns firmer

London, November 17: After weeks of declining prices Brazilian menthol staged a recovery to end the week up £0.30/kg at £4.80/kg. Shipment values rose by almost the same margin but the Chinese variety was unchanged.

Supplies of cassia *lignea* are difficult to obtain and this is also believed to be influencing the market for Seychelles cinnamon bark. Balsam Peru was again marked up and ipecacuanha, down.

Transport difficulties prevented shipments to the UK and European continent from Tuticorin during October, so no senna leaves and pods were dispatched. However, 8 tons of leaves went to US ports together with 30 tons vinca rosa leaves.

Pharmaceutical chemicals

Acetomenaphthone: 100-kg lots £5.62½ kg.
Adrenaline: (Per g) Synthetic 1-kg lots, £0.059 500 g (£0.067); acid tartrate, 1 kg (£0.44); 500 g (£0.05).

Alcohol: (Per proof gal). Ethyl, fermentation in 2,500 bulk gal lots—SVR doubly rectified 96.1 per cent £0.303; absolute 99.9 per cent £0.315. In drums 900 gal minimum respective prices are £0.317, £0.329; Synthetic grades are 96 per cent, £0.233 and 99.9 per cent, £0.245 in tank wagon; £0.247 and £0.259 in drums for 900-bulk gal; industrial grade 95 per cent £0.164 in bulk and £0.178 in drums.

Ammonium bicarbonate: £55 metric ton delivered; carbonate lump and powder £88.20.

Amylobarbitone: 5-kg £3.59 kg; sodium £4.15.

Ascorbic acid: £2.36 kg; 5-kg £2.33 kg; sodium ascorbate plus £0.23; coated plus £0.10.

Aspirin: 10-metric ton lots £525 ton; 5-ton £530; 1-ton £540.

Atropine: (500-kg lots per kg) alkaloid and methonitrate £65.20; methylbromide £64.20; sulphate £52.90.

Barbitone: 50-kg lots £2.60 kg; sodium £2.60.

Bemegride: BPC £16 kg.

Benzamine lactate: 500-kg lots, £51.15 kg.

Benzocaine: 50-kg lots £1.48 kg.

Bismuth salts: £ per kg.

	12½ kg	50	250
carbonate	5.80	5.60	5.55
salicylate	4.70	4.50	—
subgallate	4.95	4.75	—
subnitrate	5.15	4.95	4.90

Bromides: Crystals (£ per kg).

	12½ kg	50 kg	250 kg
Ammonium	0.52	0.43	0.40½
Potassium	0.47	0.38½	0.36
Sodium	0.46	0.38	0.35½

*Powder plus £0.02.

Butabarbital: 5-kg £5.63 kg; sodium £6.25.

Butobarbitone: £4.68 kg for 5-kg lots.

Calcium lactate: 250-kg £412 per metric ton.

Calcium pantothenate: £5.23 kg; 25-kg, £5.18 kg.

Carotene: Suspension 20 per cent £16.73 kg.

Chlorophenesin: 50-kg lots £3.62½ kg.

Cocaine: Alkaloid £222 kg; hydrochloride £202.75

Subject to DDA Regulations.

Cortisone: acetate £0.25 per g.

Cyanocobalamin: up to 200-g lots £2 per g.

Folic acid: 1-kg £32; 50-kg £28.29.

Hydroxocobalamin: £5.25 per g.

Magnesium carbonate: Heavy £192.50; light £175 per metric ton.

Magnesium hydroxide: £541.66½ metric ton.

Magnesium oxide: BP (per metric ton); light £541.66½; heavy £890.

Magnesium peroxide: (15 per cent) £21.93½ cwt.

Magnesium sulphate: BP from £38 metric ton exsiccated £75-£80 ton, ex works.

Magnesium trisilicate: £441 metric ton.

Mercurochrome: £7.95 per kg.

Mersalyl: Acid £15.75 per kg; sodium £21.50.

Methadone hydrochloride: Subject to D.D.A. regulations £0.15 per g for 100-g lots.

Nicotinamide: (Per kg) 1-kg £2.12; 25-kg £2.07 50-kg £2.02.

Nicotinic acid: (Per kg) 1 kg £1.93; 50-kg £1.83.

Opiates: (per kg) subject to DDA Regulations.

	1 kg and over	Under 1 kg
Codeine	£	£
alkaloid	153.80	161.50
hydrochloride	133.35	140.00
phosphate	117.20	123.10
sulphate	133.35	140.00
Diamorphine		
alkaloid	176.50	185.35
hydrochloride	161.00	169.05
Ethylmorphine		
alkaloid	176.50	185.35
hydrochloride	152.30	159.90
Morphine		
acetate	140.15	147.20
alkaloid	172.45	181.10
hydrochloride	141.55	148.65
sulphate	141.55	148.65
tartrate	168.35	176.75

DPanthenol: £9 kg; 5-kg £8.50 kg.

Parachloro-meta-xyleneol: 50-kg lots £0.90 kg.

Pentobarbitone: 5-kg lots £4.76 kg for acid and £5.05 for sodium.

Phenitone: 25-kg lots £3.93; £4.10.

Phenobarbitone: 50-kg lots £3.60 per kg; sodium £4.10.

Phenolphthalein: 250-kg lots £0.94 kg.

Pholcodine: 1-kg £198.36; 7-kg £189.20 kg; 60-kg £180.

Phthalylsulphathiazole: 50-kg lots £1.90.

Potassium permanganate: BP £0.22½ kg technical £0.21½.

Pyridoxine: £6.15 kg; 25-kg £6.05 kg.

Quinalbarbitone: Sodium and acid £5.15 kg for 25-kg lots.

Riboflavin: £14.16 kg; 25-kg £14.06.

Sodium benzoate: One-metric ton lots £28.33 kg.
Sodium bicarbonate: BP £26.40 per long ton for 8-ton lots in 1-cwt bags delivered.

Sodium carbonate: 98-100% in 1-cwt bags from £23.47 long ton delivered in 8-ton lots.

Sodium chloride: Vacuum dried £8.15 per long ton in plastic sacks for 6-ton lots, ex works.

Sodium citrate: £324 per metric ton.

Sodium perborate: (Per 1,000 kg) monohydrate £283.50—tetrahydrate £139.

Sodium percarbonate: (Per metric ton) £163.

Sodium potassium tartrate: £295 per metric ton.
Sodium salicylate: 1,000-kg lots £0.50 kg.

Sodium sulphate: BP from £35 to £40 per metric ton as to crystal, BP exsiccated £60 ton.

Sodium thiosulphate: £44 per metric ton.

Sorbitol: Powder £335 metric ton for over 250 kg.
Stilboestrol: BP in 25-kilo lots £33 kg.

Strychnine: (kg) alkaloid £12.25; sulphate and hydrochloride £10.50.

Succinylsulphathiazole: 50-kg lots £2.70 kg.

Sulphacetamide: Sodium BP £2.98 kg.

Sulphadiazine: 50-kg lots £3.47 kg.

Sulphadimidine: 250-kg lots £2.95 kg; sodium £3.05.

Sulphaguanidine: BPC in 250-kg lots £2.13 kg.

Sulphamerazine: In 50-kg lots £3.12½ per kg.

Sulphamethizole: BP 50-kg £4 per kg.

Sulphanilamide: 50-kg lots £1.03 kg.

Sulphaquinoxaline: B Vet C in 50-kg lots, acid £4.07½ kg; sodium £4.50.

Sulphathiazole: 100-kg £2.025 per kg; 50-kg £2.07½.

Thiamine: Hydrochloride and mononitrate £10.42 kg; 25-kg £10.37.

Thymol: In 1-ton lots £2 per kg.

Vitamin A: Oily 1 m iu per g £6.68 kg; 5 kg £6.58 kg; dried acetate 325,000 iu per g £3.48 kg; 500,000 iu, £4.90.

Vitamin D: Powder for tableting 850,000 iu per g, £17.81 kg; 5-kg £17.75 kg.

Vitamin E: (per kg) £9.25; 5 kg lots £9.15; 25 per cent dry powder £4.29 and £4.69 respectively.

Crude drugs

Balsams: (lb) **Canada:** £1.80 spot; shipment £1.75 cif. **Copaiba** BPC £0.60; Para £0.40. Peru: £1.15 £1.10, cif. **Tolu:** BP £0.70.

Cassia: Lignea, whole £650 metric ton, nominal.

Ginger: (long ton) Cochin £235, cif. Jamaican No. 3 spot £1,100; Nigerian split £240; £185, cif, Jan-Feb: peeled £350 spot, £290, cif; Sierra Leone £350, cif.

Ipecacuanha: (Per lb) Matto Grosso £2.85 spot; £2.75, cif. Costa Rican £2.60 spot, £2.47, cif.

Pepper: (Per ton) Sarawak black £395 spot, £375, cif; white £600; £555, cif.

Seeds: (long ton) **Anise:** China star £175, spot; shipment £120, cif. **Caraway:** Dutch ex wharf £365. **Celery:** Indian £260; £220, cif. **Corlander:** Moroccan £77.50 cif. **Cumin:** Indian £230, cif. **Dill:** Indian £120, cif. **Fennel:** Indian £135, cif. Chinese £115, cif. **Fenugreek:** Moroccan for shipment £63, cif. **Mustard:** £60-£120 spot.

Waxes: (ton) **Bees'** Dar-es-Salaam £710; Australian £660, both cif. **Candelilla:** £570 spot; £450 cif. **Carnauba:** fatty-grey £395, £360, cif prime yellow £650 spot; £630, cif.

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Registered No. 875,368; Trade Mark, MINISOLS; Goods, All goods included in Class 3.

Wholesale distribution of MINALKA

Concept's Minalka, the balanced mineral dietary supplement for the relief of muscular rheumatism, will be distributed to the pharmaceutical retail and wholesale fields through the services of branches and sales representatives of Barclay & Sons Limited.

The product relaunch by Concept is backed with extensive national and regional advertising support embracing a six-figure annual budget. Individual Minalka Window Display for each order of 80 packets per pharmacy.

There will be an introductory bonus for the first three-month period of:

10 packets charged for the price of 9 — 36% profit.
15 packets charged for the price of 13 — 37% profit.
20 packets charged for the price of 17 — 38½% profit.

Wholesale orders supplied in outers of 20.

BARCLAY BRANCHES HOLDING STOCK ARE:—

Barclay—
37/39 Devonshire Place,
Brighton 1.

Barclay—
530 Purley Way,
Croydon,
Surrey.

Jaynox—
Newstead Industrial Estate,
Trentham,
Stoke-on-Trent.

Jaynox—
Albion Street,
Swinton,
Lancs.

Jaynox—
P.O. Box 9,
Imperial Buildings,
Blackpool, NS.

Jaynox—
Deeside Industrial Estate,
Queensferry,
Deeside,
Flints.

Jaynox—
The Railway Station,
Port Dinorwic, Caerns.

Jaynox—
Sharrocks Street,
Wolverhampton, Staffs.

Jaynox—
Ebury Road,
Off Lifford Lane,
Kings Norton,
Birmingham 30.

Wyleys—
Duggins Lane,
Tile Hill,
Coventry.

Wyleys—
Avery Factory Estate,
Tame Bridge,
Walsall.

WHOLESALEERS SHOULD FORWARD ORDERS TO:—

Barclay & Sons Limited,
North West House,
119 Marylebone Road,
London.

Reynolds & Branson—
Leodis Works,
North West Road,
Wood House, Leeds 6.

Cartwright—
Lakeside Laboratories,
Rawdon, Leeds.

Haywoods—
Abbeyfield Road,
Lenton Lane,
Nottingham.

Haywoods—
Peveril Road,
Eckington,
Nr. Sheffield.

Hyde & Entwistle—
Ethichem House,
Shore Road,
Newtown Abbey, N. Ireland.

Barclay & Sons Limited,
Central Warehouse,
New Industrial Estate,
Old Park Rd., Wednesbury, Staffs.

INTRODUCING FROM FRANCE ORMARIN



FOAM BATH



For the bath, Ormarin Foam Bath. Foams to cleanse. With essence of marigolds to soften and condition the skin



Now being advertised on Southern, Thames
and Granada TV stations
backed by
colourful ads. in Vogue, Good Housekeeping
and Womens Journal



TAKE ADVANTAGE OF INTRODUCTORY BONUSES ORDER
NOW FROM YOUR WHOLESALER OR DIRECT FROM:

Fontarel Ltd., Percival House, Pinner Rd., Harrow, Middx. Tel: 01-863 4666

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CONVENIENT ONE-SIZE VACUUM SEALED TINS

PROMOTIONAL DISCOUNT AVAILABLE

SOOTHING and COMFORTING COUGHS, COLDS, SORE THROATS & CATARRH

ZUBES

MADE IN BRITAIN
ROBERTS' CROUPLINE LTD.

TO OPEN - INSERT

ATTRACTIVE COUNTER DISPLAY AVAILABLE

OTHER POPULAR FAMILY LINES

ROBERTS' CROUPLINE — pleasant to take. Two sizes, packed in one dozen cartons.

FAM-LAX — for all the family. A pleasant easy to take laxative supplied in packs, 12 large or 24 small (tubes).

ROBERTS' Croupline COUGH SYRUP — relieves soothes safe for children

ROBERTS' CROUPLINE LIMITED

BURDEN WORKS, CROFT LANE, BOLTON, LANCs. TEL: BOLTON 32631.

KARU-SELL

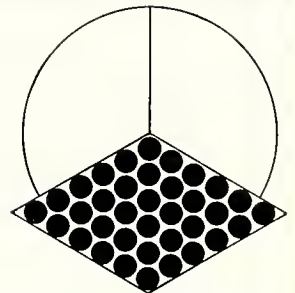
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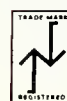
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THE DEPENDABLE ONES

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- Metric Medical —white flint
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- Powder —white flint and amber
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Shoulder Flat —white flint and amber
- Olive Oil —white flint
- Tablet —white flint and amber
- Jar —white flint and amber
- Eye Drop Bottle
and Dropper —amber

For details of sizes ask your wholesaler
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